

# Parkview Parochial League Volleyball Team Rosters

Year	Parish / School	Grade	Div. A or B	Team Color	(If more than 1 team/grade)
<b>2019</b>					

Head Coach	Head Coach Address	City	Zip	Phone Number	email
Assistant Coach	Assist. Coach Address	City	Zip	Phone Number	email

	Player Name	Street Address	City / Zip Code	Birth Date	School Attending	For 6th-8th grade did she play for you last yr?	If NO Explain on back of sheet in detail.
1						Yes	NO
2						Yes	NO
3						Yes	NO
4						Yes	NO
5						Yes	NO
6						Yes	NO
7						Yes	NO
8						Yes	NO
9						Yes	NO
10						Yes	NO
11						Yes	NO
12						Yes	NO
13						Yes	NO
14						Yes	NO
15						Yes	NO

"We certify that each team member listed above has written parental permission to play in the Parkview Parochial League, that each member is within the age limit and is eligible to play under League rules and that any CYF students are actively involved in the Parish CYF Program."

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics

Principal or Pastor

Date

DRE / CYF Program Director

Date

MAIL SIGNED ROSTERS TO: **KEN LEWICKI 13331 WEST NORTH LANE, NEW BERLIN, WI 53151**

Email = [klewicki3@yahoo.com](mailto:klewicki3@yahoo.com)