



**CITY OF ROSEMEAD  
ADULT VOLLEYBALL LEAGUE - TEAM INFORMATION FORM**

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**TEAM MANAGER'S INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**TEAM INFORMATION:**

Team Name: \_\_\_\_\_ Is this team returning:  NO or  YES Previous Team Name: \_\_\_\_\_

Team Skill Level:  BEGINNER  INTERMEDIATE  ADVANCE

**TEAM ROSTER INFORMATION:**

Participant Names (First and Last)	DOB	Address	Phone Number	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				