

TEAM REGISTRATION - PLAYER ROSTER

- **6 ON 6 CO REC VOLLEYBALL**
- **THURSDAY NIGHTS**
- **GAME TIMES: 6/7/8/9 PM**
- **START DATE OCT 2ND – NOV 20TH**

All players must have a waiver on file. Non-members may complete a digital waiver found at www.whitefishwave.com lower right corner of the home page. All registration material and payment must be made directly with Nate. Contact info below. Fee: \$249.00 (*A team is not considered registered until this completed form and payment are received.*)

Contact: Nate Conners, League Supervisor
 Phone: (406) 260-5360 Email: nconners@whitefishwave.com

TEAM NAME: _____ **CAPTAIN NAME:** _____

<i>NAME</i>	<i>EMAIL ADDRESS</i>	<i>CITY</i>	<i>PHONE NUMBER</i>	<i>AGE</i>	<i>WAIVER ON FILE</i>