CACTUS CLASSIC 2010 TEAM ROSTER FORM

Sixteenth Annual
Cactus Classic Volleyball Invitational

TEAM ROSTER FORM

Teams may use a Sign-Up-To-Play roster in lieu of this roster form.

CLUB NAME : _____

TEAM NAME: _____ PLEASE COMPLETE A ROSTER FORM FOR EACH TEAM ENTERED IN THE TOURNAMENT

HEAD COACH _____ USAV # _____

ASSISTANT COACH _____ USAV # _____

ASSISTANT COACH _____ USAV # _____

Number	Player Name (first, last)	USAV #	Year (Grade)	Position

Please submit rosters no later than Friday, January 9, 2009.

FAX TEAM ROSTER:
(520) 529-9061

MAIL TEAM ROSTER:
11664 North Rain Rock Way
Oro Valley, Arizona 85737

EMAIL TEAM ROSTER:
bill.lang@comcast.net