

2018 Illinois Senior Olympics Presented by



Volleyball Team Roster Form

Saturday, July 28th, 2018
 Gus and Flora Kerasotes YMCA
 4550 W. Iles
 Springfield, IL

Deadline: July 13th
Cost: \$125 per team
Max roster size: 15

Team Name: _____
 Coach/Manager: _____
 Address: _____
 Phone: _____ Email: _____

Age Division (Based on youngest Player)

50+ 55+ 60+ 65+ 70+ 75+ 80+ 85+

Please Circle One

Name	Date of Birth	Shirt Size	Address (City, State, Zip)

Team Manager Signature: _____ Date: _____

Please note: Only one (1) Roster will be accepted per team. The Roster must include a copy of the enclosed **RELEASE FORM** signed by each player. **The deadline for completed registrations is Friday, July 13th.** Incomplete registrations will be returned. The team **Roster**, individual **release forms**, and **payment (\$125 per team)** should be mailed together to:

Illinois Senior Olympics
 701 W. Mason St.
 Springfield, IL 62702