

THE ISLAND, YOUR VOLLEYBALL OASIS

Team Roster

Captain's Name: _____

Signature: _____

My Signature above confirms I have read the Island Waiver and Release Form on the Reverse Side and understand its contents fully and I am signing this confirmation voluntarily.

Are you a 2010 Island Member : Yes or No

E-Mail Address: _____

Address: _____

City: _____ Zip code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Player's Name: _____

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