Club: _____

Season: 2025 - 2026 Volleyball Season

Division: _____

Region: _____

Team Name: _____

Team Code: _____

Team Contact: _____

Cell Phone #: _____

OFFICIAL ROSTER

PLAYERS

Credentials: L = Jr Libero Tracker, J = Jr Line Judge, 2 = Jr R2, S = Jr Scorer

Name	USAV Membership #	Credentials	Eligibility	Jersey #
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	
			Eligible	

STAFF

Name	Title	USAV Membership #	Credentials	Eligibility
	Head Coach			Eligible
	Assistant Coach			Eligible
	Assistant Coach			Eligible

The person signing this form verifies that:

1. The above roster information is correct and contains all players and staff who will be participating in the event. All players and staff meet requirements.

2. The team understands it is subject to any and all penalties if this roster does not match the participants attending the event, regardless of who signs this verification.

I hereby certify the above information is TRUE and correct: Print Name _____

Signature: _____

Phone Number: _____ Date: _____