Team Roster Form

2644 Dean Drive, VA Beach, VA 23452
Phone: (757)498-5052 Fax: (757)498-4938
E-Mail: seanw@spike.net Web Site: www.spike.net

Team Name	Team Classification *(please circle below)* **Format: Men's Women's Coed Reverse-Coed** **Level: BB 40+ A AA Open** **Division: 2's 4's 6's**	
Team Representative	Preferred Phone ***(REQUIRED)***	E-mail ***(REQUIRED)***
Alternate Team Representative	Preferred Phone	E-mail

Please list names *exactly* as they appear on membership forms. Note any name changes.

Name of Individual **Last Name, First Name**	**Preferred Phone Contact** ***Phone numbers not required***	**E-mail Address** ***Addresses not required***

Please notify the TVA office of any *changes* to information on this roster by using an *add/delete form.*
Please use proper names (include nicknames) of teammates when filling out match line-ups sheets.
Improper use of names on line-up sheets will result in matches being forfeited.
Team Representatives are responsible for notifying their team members regarding schedules and schedule changes, rules and regulations, etc…
For updated information please join us on Facebook (www.facebook.com/group.php?gid=79818253195) or visit www.spike.net

TEAM REP
Initial Here