

NORTHWEST OTTAWA RECREATION AUTHORITY
Volleyball Team Roster

Payment \$ _____ Cash or Check# _____
 Visa/MC# _____ Exp. _____
 Date _____ Intl. _____

Team Name _____ League/Division _____
 Manager's Name _____ Phone (h) _____ (w) _____ (c) _____
 Address _____ City/Zip _____ email _____



1415 Beechtree St., Grand Haven, MI 49417
 616-850-5125/fax 616-850-5127
nora.ghaps.org

PLEASE FILL OUT ROSTER FORM COMPLETELY

Name (please print)	Address	City/Zip	Phone	GH City	GH Twp	Rob Twp	Fbg City	Port Shel	SL Twp	SL Vill	Other non-res
1											
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(Resident: Lives in GHAPS District Boundaries; GH City, GH Twp., City of Ferrysburg, or Robinson Twp.)