

CHARLESTON CHURCH RECREATION ASSOCIATION VOLLEYBALL ROSTER

1st Half _____ 2nd Half _____ Date Received _____

Name of Church/Synagogue Address Phone

Name of Clergy E-Mail Address Phone

Name of Coach E-Mail Address Phone

Name of CCRA Representative E-Mail Address Phone

	<u>NAME</u>	<u>DATE ELIGIBLE</u>	<u>WAIVER</u>
1)	_____	_____	YES NO
2)	_____	_____	YES NO
3)	_____	_____	YES NO
4)	_____	_____	YES NO
5)	_____	_____	YES NO
6)	_____	_____	YES NO
7)	_____	_____	YES NO
8)	_____	_____	YES NO
9)	_____	_____	YES NO
10)	_____	_____	YES NO
11)	_____	_____	YES NO
12)	_____	_____	YES NO

*We certify that the above named players have complied with all **CCRA eligibility requirements** and are officially eligible to represent our Church/Synagogue in league play.*

Clergy CCRA Representative Coach

Date Date Date