

# CHARLESTON CHURCH RECREATION ASSOCIATION VOLLEYBALL ROSTER

1<sup>st</sup> Half \_\_\_\_\_ 2<sup>nd</sup> 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