Eastern Idaho Volleyball Association

Team Roster

Please list each coach and athlete that will be participating on the team, listing the coaches first. Birth date is not required for coaches. AAU number is required for all athletes and coaches.

Club Name: _____

Team Name: _____ **Age Division:** _____

Head Coach: _____

Coach Email: _____ **Coach Phone:** _____

Name (Last, First)	Jersey #	Birthdate	AAU Membership Number