CCS BOYS VOLLEYBALL TEAM INFORMATION/ROSTER

(DUE TO CCS BY MAY 1st)

California Interscholastic Federation
Central Coast Section
Governance of H.S. Athletic Programs from San Francisco to King City

SCHOOL NAME_____

*IN ORDER TO BE INCLUDED IN THE CCS OFFICIAL VOLLEYBALL PROGRAM, THIS COMPLETED FORM MUST BE **RECEIVED IN THE CCS OFFICE BY MAY 1***

***SCHOOL MASCOT:**	_____	**PRINCIPAL:**	_____
***SCHOOL COLORS:**	_____	**ATHLETIC DIRECTOR:**	_____
***ENROLLMENT:**	_____	**Athletic Office phone:**	_____
***HEAD COACH**	_____	**Coach Home Phone:**	_____
Head coach e-mail:	_____	**Coach Cell Phone:**	_____

***ASSISTANT COACHES:** _____ *** included in program**

VARSITY PLAYERS—list in numerical order; type or print neatly please!

NO.	NAME (first, last)	POSITION	HEIGHT	YR IN SCHOOL

This team roster form is due to the CCS Office by May 1st!
CCS FAX 408-224-0476 or via e-mail to: jfratus@cifccs.org