## **Team Roster and Substitution Form**



Date:
Game Time:
Team:
Coach:
Parish/School:
vs. Team:

#	Last Name, First	Grade	Set 1	Set 2	Set 3

**Coach:** Please complete the game roster and submit to the scorekeeper at least 10 minutes before the match.

**Scorekeeper:** Please mark an X in the column which corresponds to the set for which a player enters the game. Refer to CMVL League Rules for rules regarding substitutions.

I certify that this team was selected according to Catholic Metro Volleyball League of Atlanta Rules:

Coach:		