

# Section VI Boys Volleyball Admittance Form

Submit to Walt Stefani: Fax 716-209-6281 [waltstefani@verizon.net](mailto:waltstefani@verizon.net)  
 Bring 3 copies to Semi-finals & Finals, turn copy into gatekeeper.

School		Superintendent	
Address		Principal	
		Athletic Director	
Phone		Coaches	
Opponent			
		Date	Class: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>

<b>Players (max 15)</b>	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
Manager (1)	
Scorekeeper (1)	
Linesperson (1)	
Statistician(2)	
Ball Boys (3)	
Bus Driver (1)	

**Signatures:**

Superintendent: \_\_\_\_\_

Principal: \_\_\_\_\_

Athletic Director \_\_\_\_\_

Coach: \_\_\_\_\_

Administrator: \_\_\_\_\_

**Remarks:** \_\_\_\_\_