

2025-2026 BERA Volleyball Roster

League:		Captain:	
Team Name:		Co-Captain:	

<u>Player Name</u>	<u>Life # (or relationship to emp)</u>	<u>Building</u>	<u>Phone</u>	<u>Email</u>	<u>BNL Emp? (Y/N)</u>

I certify that all players listed on this roster sheet meet the qualifications for participation in BERA sports.

Captain’s signature: _____