

# CYO Volleyball Lineup Sheet

Team: \_\_\_\_\_

Check one:  Home  Visitor

<b>No.</b>	<b>Team Roster Name</b>	<b>Game 1</b>	Serve Order Player #
_____	_____	<input type="checkbox"/> Serve  <input type="checkbox"/> Receive	<b>I</b>
_____	_____		<b>II</b>
_____	_____		<b>III</b>
_____	_____		<b>IV</b>
_____	_____		<b>V</b>
_____	_____		<b>VI</b>
_____	_____	<input type="checkbox"/> Serve  <input type="checkbox"/> Receive	<b>I</b>
_____	_____		<b>II</b>
_____	_____		<b>III</b>
_____	_____		<b>IV</b>
_____	_____		<b>V</b>
_____	_____		<b>VI</b>
_____	_____	<input type="checkbox"/> Serve  <input type="checkbox"/> Receive	<b>I</b>
_____	_____		<b>II</b>
_____	_____		<b>III</b>
_____	_____		<b>IV</b>
_____	_____		<b>V</b>
_____	_____		<b>VI</b>