2024 Prez Day Showdown

2/17/2024 - 2/18/2024

TeamEC Power KOP 13-StormTeam CodeG13ECPWR2KEClubEast Coast Power VolleyballDivision14 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Bogdanowicz, Lukasz	06/19/75		12/26/23
Assistant Coach	Keresztesy, Alexandra	12/28/97		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 DS	Checchia, Francesca	05/31/11	2029	12/26/23
2 Left	Simko, Brooke	02/08/11	2029	12/26/23
3 Left	Velasquez , Bella	11/18/10	2029	12/26/23
5 Left	Ware, Kaelyn	08/19/11	2029	12/26/23
7 Setter	Flannery, Erin	10/14/10	2029	12/26/23
11 Left	Jamali, Anna	06/03/11	2029	12/26/23
14 Left	Prosperi, Emma	06/14/11	2029	12/26/23
15 Left	Volpe, Catherine	12/15/10	2029	12/26/23
17 Left	Gross, Piper	05/25/11	2029	12/26/23
18 Left	Webster , Zoe	02/01/11	2029	12/26/23
22 Left	Jeremicz, Sydney	09/27/10	2029	12/26/23
32 Left	lannarelli, Milania	05/27/11	2029	12/26/23

Roster size: 15 (12 players and 3 staff members)

Event Roster & Medical/Emergency Release Form Requirements

- 1. The above roster is correct and contains all players who will be participating in the event. All players listed on the roster must be registered or members in good standing with their respective Member Organization.
- 2. All players must meet age classification requirements. NOTE: Age Waiver players are NOT eligible for Qualification events and National competitions (National & Regional Qualifiers and the Junior Olympics).
- 3. All staff listed on the roster must be registered or members in good standing with their respective Member Organization. A staff member listed on the roster for the team/club will be with this team/club at all times during while attending this competition.
- 4. All coaches are required to be at a minimum Impact certified.
- 5. A staff member listed on the roster for the team will be with this team and have in their immediate possession at all times during this competition a complete and legible copy of the Medical/Emergency Release Form for each player listed on the official roster.
- 6. The team understands it is subject to any and all penalties for incorrect or incomplete information on this form.

Print Name	 Signature	
FILLENAINE	Signature	
	<u></u>	
Phone Number	Date	

^{**} Denotes player is team captain, [W] Denotes waivered player