



Women's Volleyball League

Season: _____ Year: _____

Team Contact Information

Team Name _____	Uniform Color _____
Team Representative _____	
Address _____	
City _____	Zip _____
Primary Phone _____	Text? <input type="checkbox"/> Work Phone _____
Primary E-mail _____	Work E-mail _____
Alternate Contact Person _____	
Address _____	
City _____	Zip _____
Primary Phone _____	Text? <input type="checkbox"/> Work Phone _____
Home E-mail _____	Work E-mail _____

Skill Level Preference for League Play (Placement not guaranteed)

Divisions:	A/B/C	1 st Choice	_____
	A Division= Highest Level	2 nd Choice	_____
	C Division= Lowest Level	3 rd Choice	_____
Has your team played in our league before?		Yes <input type="checkbox"/>	No <input type="checkbox"/> Previous record _____
If No: Where have you played?		_____ What Level? _____	
Contact Name		_____ Phone _____	
If Yes: Which division?		_____ What years? _____	
What was your team name?		_____	
Number of returning players from last season:		_____	

For office use only

Fee Paid		Method		Date		Time		Staff Initials	
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