



## Women's Volleyball League

Season: \_\_\_\_\_ Year: \_\_\_\_\_

### Team Contact Information

Team Name \_\_\_\_\_ Uniform Color \_\_\_\_\_

Team Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Text? ☐ Work Phone \_\_\_\_\_

Primary E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Text? ☐ Work Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

### Skill Level Preference for League Play (Placement not guaranteed)

**Divisions may be combined depending on # of registered teams**

Divisions: A/B/C 1<sup>st</sup> Choice \_\_\_\_\_

A Division= Highest Level 2<sup>nd</sup> Choice \_\_\_\_\_

C Division= Lowest Level 3<sup>rd</sup> Choice \_\_\_\_\_

Has your team played in our league before? Yes ☐ No ☐ 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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