



INDOOR VOLLEYBALL REGISTRATION FORM

(Please Print)

Circle One: **FALL** **WINTER** **SPRING** **SUMMER**

TEAM NAME _____ SEASON/YEAR _____

FORMER TEAM NAME _____

MANAGER _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL ADDRESS _____

LEAGUE CLASSIFICATION YOU WANT TO ENTER: (Circle One)
6 PLAYER CO-REC

Women's A Competitive "A" Recreational "B" Tue Recreational "B" Wed Recreational "B" Sun

TEAMS WITH PREVIOUS TEMPE EXPERIENCE-ANSWER THE FOLLOWING:

Previous Record

SEASON/DATE _____ League _____ Record _____

SEASON/DATE _____ League _____ Record _____

Reason for requesting a change in league classification? _____

OTHER TEAMS—PLEASE ANSWER THE FOLLOWING: _____

What City, classification and record did your team last play? _____

NEWLY ORGANIZED TEAMS PLEASE CHECK HERE _____

WHY HAVE YOU REQUESTED THE CLASSIFICATION ABOVE?

Do Not Write Below This Line

ENTRY FEE _____ PAID BY _____

RETURNED TO _____

INDOOR VOLLEYBALL ROSTER

(Please Print - Use Black Ink)
(Maximum of 12)

TEAM NAME _____

DIVISION _____ SEASON/YEAR _____

Player	Address	City/Zip	Phone	Email Address
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

ROSTER IS DUE WHEN FEE IS PAID — NO EXCEPTIONS

Managers are responsible for copying rosters prior to registration. WE WILL NOT MAKE COPIES FOR YOU.

~ I understand that once I register I cannot receive a refund unless the league is canceled.

~ Rosters will be checked and should any team be found falsifying their roster, their team will be suspended from further league play and their entry fee will be forfeited.

~ Rosters must be filled out completely with the address and phone number of each player.

~ Rosters that do not contain complete address and phone numbers of players will not be considered for league entry.

As the representative of my team, I have read and agree to all the rules and regulations of the Tempe Volleyball League and verify to the best of my knowledge all information given on this form to be true and accurate.

MANAGER'S SIGNATURE _____ DATE _____