City of Tempe's Adult Volleyball League Registration Form

(Please Print)

TEAM NAME_____ SEASON/YEAR_____

FORMER TEAM NAME _____

MANAGER _____

ADDRESS_____ ___CITY_____ _____ZIP_____

HOME PHONE_____ WORK PHONE_____ EMAIL _____

LEAGUE SEASON (Circle One): FALL WINTER SPRING SUMMER

LEAGUE CLASSIFICATION YOU WANT TO ENTER: (Circle One)

Women's A Co-Rec "A" Wed Co-Rec "B" Wed

TEAMS WITH PREVIOUS TEMPE EXPERIENCE-ANSWER THE FOLLOWING:

Previous 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?

_____

_____

INDOOR VOLLEYBALL ROSTER

(Please Print - Use Black Ink)
(Maximum of 14)

TEAM NAME _____

DIVISION_____ SEASON/YEAR _____

	Player	Address	City/Zip	Phone or Email Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

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 _____