

REGISTRATION FORM 2017-2018

MEN'S _____ WOMEN'S _____ COED _____

TEAM NAME _____

LAST YEARS TEAM NAME (if applicable) _____

TEAM CONTACTS (Please provide two names who could be contacted during the day with completed information including email)

First Contact: _____

Address/Postal Code: _____

Phone (day) _____ Phone (evening) _____

Email _____

Second Contact: _____

Address/Postal Code: _____

Phone (day) _____ Phone (evening) _____

Email _____

**Please return this registration form with a \$100 deposit cheque payable to the Edmonton Volleyball Association to :
Edmonton Volleyball Association
5636-138 Avenue
Edmonton, AB T5A 1E3**