



VOLLEYBALL CANADA

TEAM/PLAYER REGISTRATION FORM

2016 - 2017 Season



NAME OF CLUB **Edmonton Volleyball Association**

PHONE #: HOME () _____

NAME OF TEAM _____ TEAM CONTACT _____ BUSINESS () _____

ADDRESS IN FULL _____ EMAIL _____

HOUSE/APT # STREET CITY PROV. POSTAL CODE

TEAM CLASSIFICATION MALE FEMALE COED **FOR AVA CHAMPS** Sr AA Sr A Sr B REC M/F REC COED COMP. COED MASTERS (30+)

PLAYERS	SURNAME, NAME (PLEASE PRINT)	ADDRESS IN FULL	CITY	POSTAL CODE	PHONE #	SIGNATURE
1						
2						
3						
4						
5						
6						
7						
9						
8						
10						
11						
12						
13						
14						
15						
TEAM STAFF		PHONE	HOME		OFFICE	SIGNATURE
COACHES						
MANAGER						

SIGNATURE OF CLUB OFFICIAL _____ DATE _____ AMOUNT RECEIVED \$ _____ AMOUNT OWED \$ _____