



# VOLLEYBALL CANADA

## TEAM/PLAYER REGISTRATION FORM

2019 - 2020 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 \$ \_\_\_\_\_