

Garden Empire Volleyball Association

TEAM REGISTRATION FORM - ADULT TEAMS

2008 Season: Sep 1, 2007 to Oct 31, 2008

CLUB NAME: _____

TEAM NAME: _____

TEAM CLASSIFICATION: Male: _____ Female: _____ CO-ED: _____

AA: _____ A: _____ BB: _____ B: _____

This is team number 1 2 3 4 5 6 of this level in the club (circle team number).

REGISTRATION FEE PER TEAM (Enclose Check payable to GEVA):

_____ \$50.00 Adult Regular Team

_____ College Team - Call GEVA Office for fee information.

The following information is for the team representative (the person who will make decisions and answer to the Region for any team activities). This person will be listed on the GEVA web site, <http://geva.org>, as the person to contact for team information. An email address is required!

TEAM REPRESENTATIVE: _____

Street Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Team Rep. Signature: _____ Date: _____

The following information is for the club representative (the person who will make decisions and answer to the Region for any club activities). This person will be listed on the GEVA web site, <http://geva.org>, as the person to contact for club information. An email address is required! This is only needed for the first team registration in the club. Write "SAME" if same as Team Rep.

CLUB REPRESENTATIVE: _____

Street Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Club Rep. Signature: _____ Date: _____

MAIL FORMS AND FEES TO: GEVA - Registration
8 John Walsh Blvd.
Suite 600, Bldg. 6
Peekskill, NY 10566

**MUST ATTACH A TEAM ROSTER &
at least 6 INDIVIDUAL FORMS**

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TEAM ROSTER - ADULT TEAMS
2008 Season: Sep 1, 2007 to Oct 31, 2008

CLUB NAME: _____

TEAM NAME: _____

Team Representative: _____

Team Rep Phone: _____

TEAM MEMBERS (PRINT NAMES):

Signatures:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

TEAM REP SIGNATURE: _____

CLUB REP SIGNATURE: _____

OFFICE COPY
(Turned in at time of registration)

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CLUB NAME: _____

TEAM NAME: _____

Team Representative: _____

Team Rep Phone: _____

TEAM MEMBERS (PRINT NAMES):

Signatures:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
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| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |

TEAM REP SIGNATURE: _____

CLUB REP SIGNATURE: _____

TEAM COPY
(Signed copy will be used at tournaments until printed roster is available - MAKE COPIES!)