Garden Empire Volleyball Association

TEAM REGISTRATION FORM – ADULT TEAMS

2010 Season: Sept 1, 2009 to Aug 31, 2010

CLUB NAME: _____

TEAM NAME: _____

TEAM CLASSIFICATION: Male: _____ Female: _____

___ Regular Team 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)

___ $60.00 Adult Regular Team

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 page as the person to contact for team information. An email address is mandatory for this individual.

TEAM REPRESENTATIVE: _____

STREET: _____

CITY: _____ STATE: __ ZIP: _____

HOME PHONE:_____ WORK PHONE:_____

FAX PHONE: _____ E-MAIL: _____

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 page as the person to contact for club information. An email address is mandatory for this individual). This info only has to be given for the first team registration in the club. If the same as the team representative, write 'SAME' below.

CLUB REPRESENTATIVE: _____

STREET: _____

CITY: _____ STATE: __ ZIP: _____

HOME PHONE:_____ WORK PHONE:_____

FAX PHONE: _____ E-MAIL: _____

Club Rep. Signature: _____ Date: _____

MAIL FORMS & FEES TO:

GEVA – Registration
487 E. Main St., PMB #302
Mt. Kisco, NY 10549-0110

To be valid the TEAM ROSTER & a minimum of 6 INDIVIDUAL FORMS MUST BE ATTACHED

Garden Empire Volleyball Association

TEAM ROSTER – ADULT TEAMS

2010 Season: Sept 1, 2009 to Aug 31, 2010

CLUB NAME: _____

TEAM NAME: _____

Team Representative: _____

Phone No: _____

TEAM MEMBERS: (PRINT NAMES)

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____
7. _____ _____
8. _____ _____
9. _____ _____
10. _____ _____
11. _____ _____
12. _____ _____
13. _____ _____

TEAM REP. SIGNATURE: _____

CLUB REP. SIGNATURE: _____

OFFICE COPY

(turned in at time of registration, accompanies registration package to office)

Garden Empire Volleyball Association

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TEAM NAME: _____

Team Representative: _____

Phone No: _____

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9. _____ _____
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11. _____ _____
12. _____ _____
13. _____ _____

TEAM REP. SIGNATURE: _____

CLUB REP. SIGNATURE: _____

TEAM COPY

(after being signed, will be used at tournaments until printed roster available, *make copies*)

Garden Empire Volleyball Association

TEAM ROSTER – ADULT TEAMS

2010 Season: Sept 1, 2009 to Aug 31, 2010

CLUB NAME: _____

TEAM NAME: _____

Team Representative: _____

Phone No: _____

TEAM MEMBERS: (PRINT NAMES)

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11. _____ _____
12. _____ _____
13. _____ _____

TEAM REP. SIGNATURE: _____

CLUB REP. SIGNATURE: _____

Tournament Director Copy

(serves as tournament entry form)