

# 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**

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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)

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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: \_\_\_\_\_

### TEAM COPY

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

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## TEAM ROSTER – ADULT TEAMS

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CLUB NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

Team Representative: \_\_\_\_\_

Phone No: \_\_\_\_\_

### TEAM MEMBERS: (PRINT NAMES)

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12. \_\_\_\_\_
13. \_\_\_\_\_

TEAM REP. SIGNATURE: \_\_\_\_\_

CLUB REP. SIGNATURE: \_\_\_\_\_

**Tournament Director Copy**  
(serves as tournament entry form)