

Garden Empire Volleyball Association

TEAM REGISTRATION FORM – ADULT TEAMS

2011-12 Season: Sept 1, 2011 to Aug 31, 2012

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)

____ No Team Fee. Team fee included in Individual Membership fee

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
8 John Walsh Blvd
Peekskill, NY 10566

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

Garden Empire Volleyball Association

TEAM ROSTER – ADULT TEAMS

2011-12 Season: Sept 1, 2011 to Aug 31, 2012

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

TEAM ROSTER – ADULT TEAMS

2011-12 Season: Sept 1, 2011 to Aug 31, 2012

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*)

Garden Empire Volleyball Association

TEAM ROSTER – ADULT TEAMS

2011-12 Season: Sept 1, 2011 to Aug 31, 2012

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: _____

Tournament Director Copy
(serves as tournament entry form)