

2010-2011 SEASON LEAGUE FORM



USA Volleyball

ADULT LEAGUE

League Name: _____ League Dates: _____ - _____

League Type Men Women CoEd Rev CoEd Play Level B BB A AA Other
 2 vs 2 4 vs 4 6 vs 6 Indoor Outdoor

Team Name: _____

Team Rep: _____ Phone: _____

By providing your e-mail address you agree to receive the USAV Electronic Newsletter "Rotations"

Please print legibly – League membership is only valid with complete information and signature on 2nd page.

First Name	Last Name	Date Of Birth	E Mail
Address (Street, City, State Zip)			
First Name	Last Name	Date Of Birth	E Mail
Address (Street, City, State Zip)			
First Name	Last Name	Date Of Birth	E Mail
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Address (Street, City, State Zip)			

Signature required on following page (Page 2)

NOTE: This entire document must be read and signed before the League RVA Volleyball Members listed below are allowed to take part in any competition or practice/warm up sessions.

