

Arizona Region of USA Volleyball
 Jr. Boys Registration Summary Form
 2016-2017

Submit a copy of this form with each payment made to the Arizona Region

Club Name _____

<u>Team Name</u>	<u># Ind</u> <u>\$55/person</u>	+	<u>Team Fee</u> <u>\$25/team</u>	+	<u>Contract</u> <u>\$925/team</u>	=	<u>Team Total</u>
1	_____		_____		_____		_____
2	_____		_____		_____		_____
3	_____		_____		_____		_____
4	_____		_____		_____		_____
5	_____		_____		_____		_____
6	_____		_____		_____		_____
7	_____		_____		_____		_____
8	_____		_____		_____		_____
9	_____		_____		_____		_____
10	_____		_____		_____		_____
Club Total	_____		_____		_____		_____

<u>Payment:</u>	<u>Due Date</u>	<u>Check #</u>	<u>Date Paid</u>	<u>Amt Paid</u>
USAV Memberships*	9/15/2016	_____	_____	_____
Team Fees	9/15/2016	_____	_____	_____
1st half Contract Payment	9/15/2016	_____	_____	_____
Balance of Contract	11/3/2016	_____	_____	_____
IMPACT Clinics	\$25/person	_____	_____	_____
Background screens*	\$20/person	_____	_____	_____
Late Fees/No Show Fine	\$100 per item	_____	_____	_____
Any other payments _____		_____	_____	_____
Total Paid This Payment		Ck# _____	Date _____	Amt. _____

* Memberships are to be completed and paid in Webpoint by each individual.

All fees should be paid in full by Nov 3rd or the teams may be pulled from further tournaments until they are paid.

Checks Payable: Arizona Region Volleyball
Mail to: 9100 S. McKemy Street
 Tempe, AZ 85284-2916

For Region Office Use Only

<input type="checkbox"/> Club Director Agreement	<input type="checkbox"/> Contracts	<input type="checkbox"/> Seeding Forms
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