



Arizona Region of USA Volleyball Team Registration Form



Club Name: _____ Team Name: _____

Jr Age Group or Adult Level: _____ Rank of this team per age group in your club: _____
 (ie, 12's or B) (ie, 15-2)

Team Rep _____ Contact Email: _____

Primary Contact Phone: _____ Alternate Phone: _____

Name (Please Print Clearly)

Name	Date of birth	*Type	Jersey #	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

***Type:** Please indicate by the following letters the type of registration for each member.

Coach - C Asst Coach - AC Player - P Director - D Team Rep - TR Chaperone - CH

Team Registration Fees are \$25 per Junior Team, \$55 per Adult Team, there is no fee for a Coed Team

 Signature of Team Representative Date

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