Team Registration Form
Please Type or Print!

Arizona Region of USA Volleyball
2105 S. 48th Street, Suite 108
Tempe, AZ 85282-1019

For Office Use Only:
Team ID #_____
Club/Team ID #_____

Name of Club	Team Name	Level (Adult)	Rank in Club by age grp	☐ Male ☐ Female	☐ Adult ☐ Junior	☐ Co-Ed ☐ Other
Team Representative	E-mail Address (required)	Home Phone	Alternate Contact # - (Circle one) Work Ce			

Please attach all original Individual Membership forms to this form (no copies). Include all coaches, players, team reps and chaperones for this team.

Ck	Name of Individual	Street Address	City	State	Zip	Date of Birth	Type*

Team Registration Fees: Junior Volleyball $25 per team, Adult Volleyball $55 per team.

***Type: Please indicate by the following letters, the type of registration for each member. C, AC, P, D and TR are full memberships.**
Coach - C Asst Coach - AC Player - P Director - D Team Rep - TR Chaperone - CH

I hereby attest that the above is true and correct. I understand that intentionally misrepresentating any of the above information can result in sanctions being imposed on me by the Arizona Region and/or USA Volleyball.

Date Signature of Team Representativ