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: _____

Region Use										
R	I	BG	BC	CF	SS	Name	Date of birth	*Type	Jersey #	Notes

***Type: Please indicate by the following letters the type of registration for each member.**
Head Coach - HC Asst Coach - AC Player - P Director - D Team Rep - TR Chaperone - CH

Team Registration Fees are $25 per Junior Team, $55 per Adult Team
Team Registration Fees are due at the time this form is submitted to register the team for Region tournament play.

As Team Representative of this team, I attest that this is the roster for the above referenced team. I will not allow anyone to participate on this team that is not listed above and a registered member of the current season. I may add players/chaperones/coaches at a later date by contacting the Region Office and placing their name on this roster.

_____

Signature of Team Representative Date

Arizona Region of USA Volleyball
9100 S. McKemy Street
Tempe, AZ 85284