



USA Volleyball

USA VOLLEYBALL LEAGUE REGISTRATION REPORT



USA Volleyball

Region _____

League Rep _____
(Name)

(Address)

(City, State and Zip)

(Home Phone) (Work Phone)

League Name (s)

League Site/Facility _____
(Location)

(Address)

<input type="checkbox"/>	Indoor	<input type="checkbox"/>	Adult
<input type="checkbox"/>	Outdoor	<input type="checkbox"/>	Junior

League Season: From _____ To _____

6 Person Team ____ Teams x \$8.50 = \$ _____ (Insurance 4033.01)	4 Person Team ____ Teams x \$6.00 = \$ _____ (Insurance)	2/3 Person Team ____ Teams x \$3.00 = \$ _____ (Insurance)
____ Teams x \$4.00 = \$ _____ (Admin Fee 4029.01)	____ Teams x \$3.00 = \$ _____ (Admin Fee)	____ Teams x \$3.00 = \$ _____ (Admin Fee)

Payable to USA Volleyball: \$ _____

Regional Commissioner Date _____

Revised 11/01/02
Attach Copy of League Waiver & Release of Liability form for each team.