

# REGISTRATION FORM 2018-2019

MEN'S \_\_\_\_\_ WOMEN'S \_\_\_\_\_ COED \_\_\_\_\_

TEAM NAME \_\_\_\_\_

LAST YEARS TEAM NAME (if applicable) \_\_\_\_\_

**TEAM CONTACTS (Please provide two names who could be contacted during the day with completed information including email)**

First Contact: \_\_\_\_\_

Address/Postal Code: \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Email \_\_\_\_\_

Second Contact: \_\_\_\_\_

Address/Postal Code: \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Email \_\_\_\_\_

**Please return this registration form with a \$100 deposit cheque payable to the Edmonton Volleyball Association or etransfer to [payevafees@gmail.com](mailto:payevafees@gmail.com) and email registration form to**

**[sjones@edmontonvolleyball.com](mailto:sjones@edmontonvolleyball.com)**

**Edmonton Volleyball Association**

**5636-138 Avenue**

**Edmonton, AB T5A 1E3**