

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 and email registration form to

sjones@edmontonvolleyball.com

Edmonton Volleyball Association

5636-138 Avenue

Edmonton, AB T5A 1E3