



USA Volleyball

USA VOLLEYBALL LEAGUE TEAM REGISTRATION SUMMARY FORM 2007- 2008 SEASON

Region: _____ League Name: _____

Team Name: _____

Team Rep: _____

Team Rep Address _____

City, State, Zip _____

Team Rep Email: _____

Team Rep Day Phone: _____ **Cell Phone:** _____

Team Position	First Name	Last Name	(X) the Signed forms Attached to this sheet			
			USAV Member Form	USAV Code of Conduct & Waiver	Medical Release Junior Players Only (Keep a Copy)	Fees Paid
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Team Staff	First Name	Last Name	USAV Member Form	USAV Code of Conduct & Waiver	Background Screening Form or Expiration Date (Junior Teams Only)	Fees Paid
Team Rep						
Coach						
Coach						
Coach						
Coach						

Team Rep Signature: _____ Date: _____

League Rep Signature: _____ Date: _____