



Adult League Registration Form: 2021 Men's & Women's Winter Volleyball

ALL information on this form must be filled out or it will not be accepted

Team Name: _____ Sponsor: _____
[] Men's Team [] Women's Team

Team Representative #1: _____
Address: _____ City: _____ ST: _____ Zip: _____
Cell Phone: _____ Provider (for Text Alerts): _____ Work/Home: _____
Email: _____

Team Representative #2: _____
Address: _____ City: _____ ST: _____ Zip: _____
Cell Phone: _____ Provider (for Text Alerts): _____ Work/Home: _____
Email: _____

Division Preference:

Teams will be assigned to divisions based on the information provided on this form. If information is left blank, League Directors will assume the player/team has upward mobility concerning divisional placement. Indicate your 1st and 2nd choice for the division you can compete in, not just win. Number of divisions may vary from what is shown, due to registration.

[] Competitive Division [] Recreational Division

Last Year's Team Information:

[] Did not play last year [] Played last year (please fill out Information below)

Team Name: _____

Last Year's Division: _____ Number of Returning Players: _____

Scheduling Requests:

Please fill out Roster on reverse side!

Adult League Roster Form

*** Experience Status*:**

A – Pro Ball or Major College (4 yrs.)

B – Jr. College Starter

C – High School Starter/ Jr. College Non-Starter

D – High School Varsity Starter

E – High School Varsity Non-Starter

F – Below High School Varsity Non-Starter

1. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

2. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

3. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

4. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

5. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

6. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

7. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

8. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

9. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

10. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

11. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

12. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

13. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

14. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____