



2023 Co-Rec Winter Volleyball League Registration Form

Please complete all information on this form.

Team Name: _____ Sponsor: _____

Team Representative #1:

Address: _____ City: _____ ST: _____ Zip: _____

Cell Phone: _____ Work/Home: _____ Email: _____

Team Representative #2:

Address: _____ City: _____ ST: _____ Zip: _____

Cell Phone: _____ 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 team's ability below. Teams will be grouped into divisions with teams of similar ability.

Number of divisions may vary from what is shown, due to registration.

- 1 - Excellent Team Ability 2 - Very Strong Team Ability 3 - Strong Team Ability
 4 - Good Team Ability 5 - Average Team Ability 6 - Below Average Team Ability

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:

(All attempts will be made to accommodate requests; however, requests are not guaranteed.)

Team 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: _____