



2021 Fall Volleyball Adult League Registration Form
Please Complete All Information On This Form.

Team Name: _____ Sponsor: _____

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.

Men's Team

Women's team

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

7 - Weak Team Ability

8 - Poor Team Ability

9 - Very Poor Team Ability

10 - Novice/Starters

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:
