

Volleyball Virginia

Registration Form

Captain Name: _____

Captain Address: _____

Captain City/ST/Zip: _____

Captain Phone/Email: _____

Player 2 Name: _____

Player 3 Name: _____

Player 4 Name: _____

Player 5 Name: _____

Player 6 Name: _____

Player 7 Name: _____

Player 8 Name: _____

Circle your choices

DIVISION		
Men's	Co-ed	Women's

LEVEL		
Open	A	BB

FORMAT				
Doubles	Triples	Fours	2x's	6x's

Fees 25.00 per person. 75.00 late fee

No fee for subs. All players and subs must be AVPNext members

Make checks out to VOLLEYBALL VIRGINIA and mail them to:
VOLLEYBALL VIRGINIA - ATTN:Chris McGarity
901 Gene Crescent, Chesapeake, Va. 23320