SOUTHERN REGION VOLLEYBALL ASSOCIATION
JUNIOR OLYMPIC VOLLEYBALL

2007 – 2008 TEAM REGISTRATION FORM

( ) GIRLS
CLUB_____ ( ) BOYS

DIRECTOR

NAME_____

ADDRESS_____

CITY_____ STATE _____ ZIP _____

HOME PHONE_____ WORK PHONE _____

E-MAIL_____

ATTACHED ARE MEMBER REGISTRATIONS FOR

_____ JUNIOR OLYMPIC MEMBERS/COACHES @ $50.00 $_____

_____ JUNIOR OLYMPIC ADULTS @ $20.00 $_____

TOTAL REGISTRATION FEES **$_____**

One roster should be filled out for each team being registered and attached. Please attach player registrations (clearly marked with team name where indicated) to this form.

Each member registering with your club must be affiliated with a team in your club. Changes in team designation will follow rules set forth in the SRVA Region Handbook.

Incomplete member registration forms will be returned. Please check addresses, birth dates and other information for completeness and correctness. Be sure that parent and athlete signatures are completed.

PLEASE READ RULES AND POLICIES REGARDING THE REGISTRATION OF TEAMS AND MEMBERS. QUESTIONS SHOULD BE DIRECTED TO THE SRVA AT 1-800-484-1191 x 5593.

Mail completed forms to: SRVA
105 Rounsaville Court
Roswell, GA 30076

JUNIOR TEAM REGISTRATION FORM
Continued

CLUB NAME_____

TEAM LEVEL _____

Team level would be based on number of teams you have at a certain level. For example, if you only have one 16 year old team, they would be 161. If you have 2 or more 16 year old teams, they would be 161, 162, etc.

TEAM NAME _____

COACH _____

ROSTER

Note: You must have six SRVA-registered regular members in order to register a team.

Name