



LEAGUE REGISTRATION REPORT

Region: _____

League Rep Name: _____

Address: _____

City, State and Zip: _____

Home Phone: _____ Work Phone: _____

League Name: _____

League Site/Facility Location: _____

Address: _____

League Season From: _____ To: _____

League Discipline: Indoor Outdoor (Grass/Sand)

	Adult	Junior
League Type:	<input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> CoEd <input type="checkbox"/> Rev CoEd	<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> CoEd
Play Level:	<input type="checkbox"/> B <input type="checkbox"/> BB <input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> Other	<input type="checkbox"/> J0 <input type="checkbox"/> J1 <input type="checkbox"/> J2 <input type="checkbox"/> J3 <input type="checkbox"/> J4 <input type="checkbox"/> J5 <input type="checkbox"/> J6 <input type="checkbox"/> J7 <input type="checkbox"/> J8

Team Size: 2 vs 2 4 vs 4 6 vs 6

	# of Teams	# of Players		
6-Person Team	_____	_____	x \$3.00 per person =	_____
4-Person Team	_____	_____	x \$3.00 per person =	_____
< 4 Person per Team	_____	_____	x \$3.00 per person =	_____
Total	_____	_____		_____

Administrative Fee @ \$1.50 per person (4392.440.000); Insurance Fee @ \$1.50 per person (4510.010.000)

Payable to USA Volleyball: \$ _____

Regional Commissioner/Registrar/Treasurer _____

Date _____