



VOLLEYBALL CANADA

2003-2004

TEAM / PLAYER REGISTRATION FORM
 FORMULAIRE D'INSCRIPTION POUR LES EQUIPES/JOUEURS

Telephone

Name of Club: _____ Province: _____ Home: _____

Name of Team: _____ Team Contact: _____ Business: _____

Address in Full: _____ eMail: _____

Team Classification:	Street	City	Province	Postal Code	Division: A B C D E				
	Male/Homme Female/Femme Co-Ed	Age Category:		Master Senior Junior	Juvenile Midget Bantam	Category:		Recreation	National
Players	Surname, Name	Birthdate Year Month Day			Address		Phone	Signature	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Team Staff	eMail	Address		City	Postal Code	Phone (Home)		(Business)	
Coaches									
Manager									

Club Official: _____

Fees Paid: _____