



VOLLEYBALL CANADA

2005-2006

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		Age Category:		Master		Juvenile						
Female/Femme		Senior		Midget									
Co-Ed		Junior		Bantam		Category: Recreation National							
Players	Surname, Name		Birthdate			Address			Phone	Signature			
	Year	Month	Day										
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: _____