



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)

League Type: Men Women CoEd Boys Girls CoEd
 Rev CoEd

Play Level: B BB A AA Other J0 J1 J2 J3 J4
 J5 J6 J7 J8

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

	<u># of Teams</u>	<u># of Players</u>		
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 _____