



USA VOLLEYBALL LEAGUE TEAM REGISTRATION SUMMARY FORM

Region: _____ League Name: _____

Team Name: _____

Team Rep Information Name: _____

Address: _____

City, St, Zip: _____

E-mail: _____

Day Phone: _____ Night Phone: _____

Team Position	First Name	Last Name	(X) the Signed forms Attached to this sheet			
			USAV Registration	USAV Code of Conduct & Waiver	Fees Paid	
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Team Staff	First Name	Last Name	USAV Registration	USAV Code of Conduct & Waiver	Fees Paid	Background Screening Form or Expiration Date (Junior Teams Only)
Coach						
Team Rep						

Team Rep Signature: _____ Date: _____

League Rep Signature: _____ Date: _____