



## 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 \$5.50 per person =	_____
4-Person Team	_____	_____	x \$5.50 per person =	_____
< 4 Person per Team	_____	_____	x \$5.50 per person =	_____
<b>Total</b>	_____	_____		_____

Administrative Fee @ \$4 per person (4392.440.000); Insurance Fee @ \$1.50 per person (4510.010.000)

Payable to USA Volleyball: \$ \_\_\_\_\_

Regional Commissioner/Registrar/Treasurer \_\_\_\_\_

Date \_\_\_\_\_