

2009-2010 SEASON LEAGUE FORM

ADULT LEAGUE



League Name: _____ League Dates: _____ - _____

Team Name: _____

Team Rep: _____ Phone: _____

Please print legibly – League membership is only valid with complete information and signature on 2nd page.

First Name	Last Name	Date Of Birth	E Mail
Address (Street, City, State Zip)			
First Name	Last Name	Date Of Birth	E Mail
Address (Street, City, State Zip)			
First Name	Last Name	Date Of Birth	E Mail
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First Name	Last Name	Date Of Birth	E Mail
Address (Street, City, State Zip)			

Signature required on following page (Page 2)

NOTE: This entire document must be read and signed before the League RVA Volleyball Members listed below are allowed to take part in any competition or practice/warm up sessions.

