



## **TEAM REGISTRATION/AVAILABILITY FORM** ***Adult Summer/Coed Volleyball***

**Parish Name:** \_\_\_\_\_ **Code #:** \_\_\_\_\_

**Parish Town:** \_\_\_\_\_

**Captain's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Assistant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Amount Paid \$** \_\_\_\_\_

**Gym information (circle one) NO GYM GYM NAME:** \_\_\_\_\_

**Can you host games: YES NO LOCATION:** \_\_\_\_\_

**Please provide your gym availability below:**

Day/Date	Game Times	Day/Date	Game times	Day/Date	Game Times

*For Office Use Only:*

Team Number: \_\_\_\_\_ COLOR \_\_\_\_\_ Site Code \_\_\_\_\_

DAY: \_\_\_\_\_ Time: \_\_\_\_\_