

# 2025 COED VOLLEYBALL TEAM REGISTRATION FORM



TEAM NAME: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Did your team play last year?    YES        NO

If so, under what name? \_\_\_\_\_

Assuming there will be 12 divisions of play, please circle the division that you believe your team could play competitively.

1      2      3      4      5      6      7      8      9      10     11     12

Highly Skilled(Competitive).....Less Skilled(Novice)

NOTE: The division you select for your team does not guarantee a level of league play. It merely gives league officials an indication of the level at which you feel your team will be evenly matched with competitors of similar ability. It is important that you are as honest as possible.

If there is one night of the week you **cannot** field a team write that day down.

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