COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION
www.columbiaempirevolleyball.com
2011-2012 TEAM COVER SHEET

Club Name: _____ **Team Name**: _____

Age Division (please circle): 11U 12U 13U 14U 15U 16U 17U 18U **Team Rank:** _____
(for clubs with several teams in one age division)

Club Director: _____ **Home #:** _____ **Work #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Team Rep**: _____ **Email**:_____

Hard Copy	Jersey Number (Not Required)	**FULL NAME** (Please Print: Last Name, First Name) **List club director, coaches, and others first.** **List players in alphabetical order by last name.**	**Date of Birth** (age waiver player only)	**Please Circle One:** D= Director, HC= Head Coach, AC= Assistant Coach, C=Chaperone P=Player, V=Volunteer	**Office Use Only**
				D HC AC C V	**BG FP IMP**
				D HC AC C V	**BG FP IMP**
				D HC AC C V	**BG FP IMP**
				D HC AC C V	**BG FP IMP**
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	
	#			**P**	

Shaded area for CEVA Office Use Only An additional $5.00 will be charged for each player over 15. **Use additional form if necessary**

Individual Fees:

Adult Full Member (coaches/administrators)	_____ members @ $50	= $_____
Limited Adult Member (chaperones, parent volunteer)	_____members @ $35	= $_____
Junior Full Member (players only)	_____ members @ $55	= $_____
Outdoor Membership	_____ members @ $20	= $_____
Background Screening (good for two years)	_____ adults @ $17.50	= $_____
Fingerprinting	_____ coaches @ $70	= $_____
Assessment Fee for Hard Copy Registrations	_____ members @ $5	= $_____
Team Fee		**$ 45.00**

Please Invoice Club_____ **Check #:**_____ **TOTAL $**_____

_____ _____

Signature Regional Commissioner Date **Signature Team Representative Date**

Office Use Only:
Invoice (Date/Number):_____ Webpoint:_____ Completed Date/Initial:_____