COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION
www.columbiaempirevolleyball.com
2009-2010 TEAM COVER SHEET

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

Gender: Male Female **Regional Division (please circle)**: AA A BB B

Club Director/Team Rep: _____ **Home #:**_____ **Work #:**_____

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

Email: _____ **11 Digit Team ID Code:** _____

Membership Form (email)	Full Member	One Day #1	Jersey Number (Not Required)	**FULL NAME** (Please Print: Last Name, First Name) **List club director, coaches, and others first.**	**Please Circle One:** D= Director/Team Rep, C= Coach, P=Player, O=Other
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(Shaded area for CEVA Office Use Only) (An additional $5.00 will be charged for each player over 15.)

Individual Fees:
Adult Player Only Full Member (Not affiliated with a Jr. Team)_____ members @ $25 = $_____
One Day Member _____ members @ $5 = $_____
Assessment Fee for Hard Copy Registrations _____ members @ $5 = $_____

Team Fee: Each Team **$ 45.00**

Check #:_____ **TOTAL $**_____

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

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