

COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION
 www.columbiaempirevolleyball.com
2010-2011 TOURNAMENT ROSTER

Team Name: _____

Circle Gender: Women Men

Circle Division: B BB A AA

Date of Event: _____

Team Representative: _____

Event Location: _____

Contact Number: _____

Email: _____

PLAYERS NAMES (LAST, FIRST)	FULL MEMBERSHIP List USAV #	If coaching a Jr. team, List Club
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Player Add

All new/renewing members must complete an online individual registration form and pay the appropriate fees. Please include all paperwork with this form

Players Names (Last, First)	Membership Type Full-\$25 or One Day-\$5	Fees Cash Amount/ Check #

Pick-up Player from another team

"Pick-up" players must stay with the same team during the entire tournament and your total team count cannot exceed seven players

Players Names (Last, First)	USAV #	Original Team

- This entry must be completely filled out and turned in to the CEVA representative prior to play.
- Form must be signed and dated below.

Signature of Team Representative

Print Name

Date