COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION
www.columbiaempirevolleyball.com
2010-2011 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	Membership Confirmation	Code of Ethics	Fingerprints	Background Screening Form	IMPACT/ASEP Verification	Jersey Number (Not Required)	**FULL NAME** (Please Print: Last Name, First Name) **List club director, coaches, and others first. List players in alphabetical order.**	**Please Circle One:** D= Director, HC= Head Coach, AC= Assistant Coach, C=Chaperone P=Player,	**Office Use Only**
								D HC AC C	**BG FP IMP**
								D HC AC C	**BG FP IMP**
								D HC AC C	**BG FP IMP**
								D HC AC C	**BG FP IMP**
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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/chaperone) _____ members @ $50 = $_____
Junior Full Member (players only) _____ members @ $55 = $_____
Summer/Outdoor Membership _____ members @ $35 = $_____
(players/coaches/chaperones with teams only participating in summer events 5/1-10/31)
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:_____