



**USA VOLLEYBALL
LEAGUE REGISTRATION REPORT
2011-2012 SEASON**



Region _____

League Rep _____

(Name)

(Address)

(City, State and Zip)

(Home Phone)

(Work Phone)

League Name _____

League Site/Facility _____

(Location)

(Address)

League Season: From _____ to _____

League Discipline Indoor

Outdoor (Grass/Sand)

League Type

Adult

Junior

Men Women

Boys Girls CoEd

CoEd Rev CoEd

Play Level

B BB A AA Other

J0 J1 J2 J3 J4

J5 J6 J7 J8

Team Size

2 vs 2 4 vs 4 6 vs 6

	# of Teams	# of Players	
6-Person Team	_____	_____	x \$3.00 per person = _____
4-Person Team	_____	_____	x \$3.00 per person = _____
Less than 4 Person per Team	_____	_____	x \$3.00 per person = _____
Total	=====	=====	=====
Optional: Member Magazine	_____	X \$2.50 =	_____
Administrative Fee @ \$1.50 per person (4392.440.000); Insurance Fee @ \$1.50 per person (4510.010.000)			

Payable to USA Volleyball: \$ _____

Regional Commissioner/Registrar/Treasurer

Date