

Date: _____

**BRAMPTON VOLLEYBALL LEAGUE
TEAM
Registration Form**



TEAM NAME _____

TEAM CAPTAIN (first & last name) _____

ADDRESS _____

PHONE (h) _____ (with answering machine) (b) _____

(fax) _____ (e-mail) _____

ALTERNATE CAPTAIN _____

(Cannot reside in same household as captain)

ADDRESS _____

PHONE (h) _____ (with answering machine) (b) _____

(fax) _____ (e-mail) _____

Mens 4's, Womens 4's, Co-ed Tuesday 4's ,Co-ed Wednesday 4's, Coed Thursday 6's

1a. Have you or anyone on you team played in this league before? No _____ Yes _____ Number of years _____

1b. If you answered yes above, please indicate what Division you played in(C1,D3, Rec, Men's, etc)? _____

1c. What **was** your team name, how did you finish? _____

2. If your team has changed (4 or more new players) significantly, please circle the below choices which best describes your team.

Stronger

Same

Weaker

Failure to answer any of the above questions will result in a lower ranking for re-alignment

LEAGUE FEES - TEAMS (incl. \$50 refundable Performance Bond)

Tuesday Co-ed 4's---\$565 5

Men's Tuesday 4's---\$565

Women's Tuesday 4's---\$565

Wednesday Co-ed 4's---\$565

Thursday Co-ed 6's---\$650

Thursday Co-ed Non-Spiking 6's---\$650

Cheques payable to: Brampton Volleyball League

*** No Post-Dated Cheques ***

PAID: _____

GST # 89648 6099 RT0001