



2019 TEAM REGISTRATION FORM

Please use a separate form for each team you are entering. If more than one team per division, please use team rating category.

Club Name:	
Team Name:	
Team Rating: <small>(Please Circle One)</small>	1 2 3 4
Team Representative: <small>(Information sent to team reps)</small>	
Address:	
City, State, Zip:	
Cell Phone:	
Alternate Phone:	
Email: <small>(Must have an email address)</small>	

Division: ___ 12's ___ 13's/14's ___ 15's/16's ___ 17's/18's
(Please Check)

League Dates: ___ 3/3 ___ 3/10 ___ 3/17 ___ 3/24 ___ 3/31

Fee: \$85.00 per event date. \$75.00 for four or more dates.

Make checks payable to: Arrowhead Junior Volleyball

Mail check & return this form to: Arrowhead Junior Volleyball
 3414 Outer Drive
 Hibbing, MN 55746

FOR OFFICE USE ONLY	
Date Received:	
Check Number:	
Check Amount:	
Spreadsheet:	
Address Label:	