2020 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 Ranking: **(Please Circle One)**	1 2 3 4
Team Representative: **(Information sent to team reps)**	
Address:	
City, State, Zip:	
Cell Phone:	
Email: **(Must have an email address)**	

Division: ___10's ___11's/12's ___13's/14's
(Please Check)

League Dates: ___3/1 ___3/8 ___3/15 ___3/22 ___3/29

Division: ___15's/16's ___17's/18's
(Please Check)

League Dates: ___3/1 ___3/8 ___3/22

Fee: **$80.00 per event date.**

Make checks payable to: Arrowhead Junior Volleyball

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