Iowa Volleyball Region

4600 Park Ave, Ste 201
Des Moines, IA 50321-1367
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Adult Team Roster Application

Updated: November 4, 2010

CLUB Name: ☐ CSVBC-women ☐ Two Rivers- men ☐ Other club _____

TEAM NAME: _____ **Team Gender**: ☐ Female ☐ Male

Adult Team Divisions: ☐ **A** ☐ **BB** ☐ **B**

TEAM REP: _____ Address: _____

Email: _____ City, S, Z: _____

Home Phone: _____ Cell: _____

Work Phone: _____ FAX: _____

FOR INSURANCE COVERAGE TO BE IN EFFECT

- All individuals must submit fees; and complete online registration or submit paper membership form before participating.

Staff Position & Shirt #	Player (Limit 12)	DOB M/YR	Registered Online	Pd Online	Registered with Junior Club	Paper form is with this app	Owes
TR/							

Send 1 check for total amount owed, made out to **Iowa Region Volleyball** or call with credit card (Visa or MC)

Completed and Signed Membership forms must be included for those not registered online. Mailing Address Above.

Total Number who Owe	
Times Membership Fee **($35 if adult player only)**	$35
Total Owed	$