Team Entry Form

Adult Co-ed Volleyball

Team Name: _____

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Forms must be completely filled out or your team may not be included in the schedule.

Team Captain:

Name: _____ Phone: _____

Address: _____ Postal Code: _____

EMAIL: _____

Alternate Contact: _____ Phone: _____EMAIL: _____

Team Roster:

First Name	Last Name	Phone #	Email

Please return with $150 registration fee (registration will not be complete until fee has been paid) on or before October (after October 7, $25 late fee will apply). Max of 12 teams accepted.

Swan Valley District Recreation Commission (cheques payable to)
Box 1356
Swan River, MB R0L 1Z0
www.swanvalleyrec.ca
Phone: 204-734-3847 Fax: 204-734-5166
E-mail: svrec@townsr.ca