

PARKVIEW PAROCHIAL VOLLEYBALL LEAGUE

TEAM REGISTRATION FORM 2010

SCHOOL: _____

Person to send School correspondence to:

Name: _____

Address: _____

City: _____ Zip _____

Phone: _____

E-Mail: _____

For 7th and 8th grade only fill in your request with the following "General" guidelines:

Division I teams are "A" teams or teams with over a .500 record the previous year

Division II teams are "B" teams or teams with under a .500 record the previous year

If a team finished with under .500 the previous year, but you would like them to be in Division 1 please make a special note on this form. The Parkview Volleyball Directors will make the final decision on which teams are in each Division based upon the number of teams entered, previous records, special requests etc.

Please include any school merger forms along with this sheet and any school or team conflicts during the season.

GRADE: 5 6 7I 7II 8I 8II

Number of Teams: ___ ___ ___ ___ ___ ___

Grade 8- Division _____ Grade 8- Division _____ Grade 8- Division _____

Grade 7- Division _____ Grade 7- Division _____ Grade 7- Division _____

Grade 6 – Color _____ Grade 6 – Color _____ Grade 6 – Color _____

Grade 5 – Color _____ Grade 5 – Color _____ Grade 5 – Color _____

Mail this form along with your Gym Availability form and a check for \$250 per team to:

ROGER LEWICKI
W176S8670 NATURE COURT
MUSKEGO, WI 53150
PHONE 262-679-0502
CELL 262-894-0093

DEADLINE FRIDAY JULY 23, 2010