PARKVIEW PAROCHIAL VOLLEYBALL LEAGUE

TEAM REGISTRATION FORM 2014

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.
SPECIAL REQUEST: _____
_____
Please include any school merger forms along with this sheet and any school or team conflicts such as School field trips, scouting events, etc. during the season.
TEAM CONFLICTS – DATE – TEAM – REASON: _____
_____

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 $260 per team to:
ROGER LEWICKI
W176S8670 NATURE COURT
MUSKEGO, WI 53150
PHONE 262-679-0502
CELL 262-894-0093
rogerlewicki@hotmail.com
DEADLINE FRIDAY JULY 25, 2014