



# 2011 Volleyball Team Registration



School Name: \_\_\_\_\_

School Address, City, and Zip Code: \_\_\_\_\_

Athletic Director / Number \_\_\_\_\_ / \_\_\_\_\_

Athletic Director's Email: \_\_\_\_\_

Billing Contact / Number: \_\_\_\_\_ / \_\_\_\_\_

Do you have a gymnasium to consider for home & league games?    **YES**    **NO**

What are your school colors? \_\_\_\_\_ & \_\_\_\_\_

Coach 1 Name / Number: \_\_\_\_\_ / \_\_\_\_\_ JV or Varsity?

Coach 1 Email: \_\_\_\_\_

Coach 2 Name / Number: \_\_\_\_\_ / \_\_\_\_\_ JV or Varsity?

Coach 2 Email: \_\_\_\_\_

Other: \_\_\_\_\_

Is your team available to play games on both Tuesdays and Saturdays? \_\_\_\_\_

Please indicate any SPECIFIC schedule requests here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age Division (Grades)	# of Teams	Total Per Team <i>(\$550, or \$400 if you do not need uniforms)</i>
<b>Varsity (7<sup>th</sup>-8<sup>th</sup>)</b>		
<b>Junior Varsity (5<sup>th</sup>-6<sup>th</sup>)</b>		

**GIRLS VOLLEYBALL SUB-TOTAL** \_\_\_\_\_

Please return this form by email or fax by **Nov. 24<sup>th</sup>** to attention of Dana Cooper. We will follow-up with invoice.  
111 West Willis, Detroit, 48201 – Phone (313) 833-1600 – Fax (313) 833-1616- [danacooper@thinkdetroitpal.org](mailto:danacooper@thinkdetroitpal.org)