

WAVL ENTRY FORM

Address :

City:

Postal Code:

Telephone No:

Please Print Clearly

Captain's Name:

E-mail Address:

Please circle night of play:

TUESDAY

WEDNESDAY

TEAM NAME:

RETURNING TEAMS – Please complete this section

If you changed your team name ONLY, please tell us your name last year:

Team Name was last year:

And the captain was:

It is essential that you notify us if you change your email address. Please send any changes to Shawn Lippert at admin@windsorvolleyball.com

For Office Use ONLY:

CASH: Total _____

Cheque # _____

Money Order # _____