"2009-2010"
INDEPENDENT CHURCH LEAGUE
VOLLEYBALL REGISTRATION FORM

Church Name _____

Church Address _____

Church Phone_____ **Pastors Signature** _____

Coach Name _____ **Coach Phone** _____

Coach E-mail_____

Coach Address_____

Alternate Coach _____ **Alternate Phone** _____

Alternate Coach Email _____

Is this your first year in the league? Yes _____**No** _____

If you competed last year, what was your win-loss record? _____

In which division? _____

Please complete roster on reverse side.

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For board information only (Leave Blank)

Amount Paid _____**( ) Check ( ) Cash** **Date** _____

Check Number _____ **Division** _____