



Saskapalooza 2017

REGISTRATION FORM & TEAM ROSTER

REGISTRATION DEADLINE: NOVEMBER 15, 2017



Team name: _____

Gender: M / F / Co-Ed

Home community: _____

Grade range of the team members: (e. g., gr. 6 – 8; gr. 7 & 8; gr. 7 – 9 . . .): _____

Team contact information:

Coach / manager: Name: _____

Phone (W): _____

Phone (cel): _____

Email address: _____

Fax #: _____

NOTE: TO COMPLETE THE REGISTRATION PROCESS PLEASE ENSURE THAT YOU HAVE:

- Submitted this **REGISTRATION FORM** via: **Email:** tom@saskvolleyball.ca; **fax:**306-780-9288; or **mail:** Sask Volleyball 1750 McAra Street, Regina, SK S4N 6L4
- Submitted payment of the **REGISTRATION FEE (\$375)** at your earliest convenience. Payment of your registration fee can be completed:
 - via a credit card number on this registration form OR
 - via a credit card number phoned to:
 - o Marcus Richards, Sask Volleyball, Office Manager (306-780-9804), OR
 - cheque {Make cheques payable to: **Sask Volleyball**}

IF YOU MAKE PAYMENT BY CHEQUE, PLEASE RECORD YOUR TEAM NAME SOMEWHERE ON THE CHEQUE TO HELP US ENSURE WE MATCH YOUR CHEQUE WITH YOUR REGISTRATION.

- Submitted a **TEAM ROSTER** (*see the outline included on the attached page*);

I would like to pay by cheque (made payable to **Sask Volleyball**)

Mail to 1750 McAra Street, Regina, SK S4N 6L4

I would like to pay by credit card

CC# _____ Expiry Date ___ / ___ 3-digit code _____

Name on the CC: _____

Return completed registration form and roster to:

Tom Ash

Program Coordinator
Saskatchewan Volleyball Association
1750 McAra Street
Regina, SK. S4N6L4

Email: tom@saskvolleyball.ca

Phone: 306-780-9419

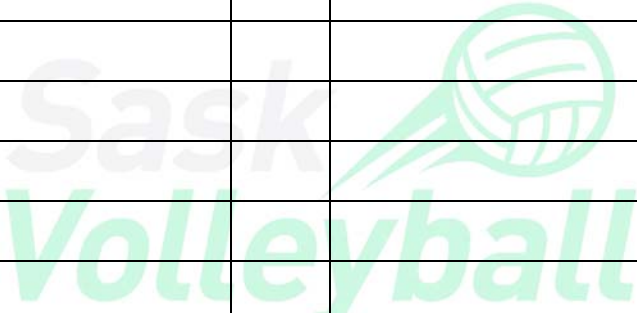
Fax: 306-780-9288

Saskapalooza 2017



TEAM: _____

Players						
Last name	First name	DOB (YY/MM/DD)	Address (Mailing or Email)	Grade	Jersey #	T-shirt size



Coaches / manager	
Last name	First name

Phone: cell #

