

CGVA Draft Registration

Name: _____

Have you played in a CGVA league before? Yes New (No)
 ☐ ☐

Have you played in a NAGVA tournament? Yes NAGVA
 ☐ Rating

If you haven't played in a CGVA league or a NAGVA tournament, how would you rate your abilities? (circle one in each group)
 Beg / Int / Comp / Adv 7 / 6 / 5 / 4 / 3 / 2 / 1

Are you willing to play up a division? Yes No
 ☐ ☐

Are you interested in being a captain in fall league? Yes No
 ☐ ☐

CGVA Use	CGVA rating:	
	Unrated: <input type="checkbox"/>	<input type="text"/>
	Re-rate: <input type="checkbox"/>	



Attach
Photo
Here