



PORTLAND VOLLEYBALL ASSOCIATION Manager Contact Information

It is important that all information is filled out. There are times when the manager can not be reached and the alternate contact is used. Also, keep in mind if you provide an email we will send you information so please check the email frequently.

SEASON (please circle one) Fall Winter Spring Summer YEAR ____2006____

TEAM NAME _____

MANAGER'S NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MRG EMAIL ADDRESS _____

PHONE – WORK _____ HOME _____ FAX _____

ALTERNATE CONTACT PERSON _____

ALT PHONE – WORK _____ HOME _____

ALTERNATE CONTACT EMAIL _____

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DIVISION REQUESTED (COED, MEN, WOMEN) _____

LEVEL REQUESTED (A-E coed, A, B or C for men/women) _____

LEVEL/NIGHT OF PLAY

MONDAY	Women's B & Coed E
TUESDAY	Men's A & B, Women's A
WEDNESDAY	Coed B & D
THURSDAY	Coed A & C