



## 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/NIGHT OF PLAY

MONDAY	Women's Grass 4's & Men's Grass 4's
TUESDAY	Coed Reverse Grass 4's
WEDNESDAY	Coed Grass 6's & Coed Sand 4's
THURSDAY	Coed Grass Reverse Doubles & Coed Sand 6's

\*If you are registering for Coed C please make sure to specify which night your team desires to play.