

# TWIN CITIES ELITE VOLLEYBALL LEAGUE REGISTRATION

Club: \_\_\_\_\_

Club Director: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Individual team entering

Teams	Cost	Team Name
13'/14's	\$300	_____
15's	\$300	_____
16's	\$300	_____
17's/18's	\$300	_____

Entering 4 or more teams from the same club in the league

Teams	Cost	Team Name
13'/14's	\$275	_____
15's	\$275	_____
16's	\$275	_____
17's/18's	\$275	_____

**Total amount enclosed \$** \_\_\_\_\_

\_\_\_\_\_ please check here if you are interested in having your second and third teams in a league like this.

Make checks payable to: **TCEVL**

***Mail application and check to:***

Wally Brown  
Twin Cities Elite VB League Director  
15761 Rivers Edge Drive  
Milaca, MN 56353  
Home phone: (320) 983-3208  
Fax: (320) 468-6408

**OFFICE USE ONLY**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date rec'd \_\_\_\_\_ Check Number \_\_\_\_\_ Label Made \_\_\_\_\_ Spreadsheet