



2012 Volleyball Team Registration



School Name: _____

School Address, City, and Zip Code: _____

Athletic Director / Number _____ / _____

Athletic Director's Email: _____

Billing Contact / Number: _____ / _____

Do you have a gymnasium to consider for home & league games? **YES** **NO**

What are your school colors? _____ & _____

Coach 1 Name / Number: _____ / _____ JV or Varsity?

Coach 1 Email: _____

Coach 2 Name / Number: _____ / _____ JV or Varsity?

Coach 2 Email: _____

Other: _____

Is your team available to play games on both Tuesdays and Saturdays? _____

Please indicate any SPECIFIC schedule requests here: _____

Age Division (Grades)	# of Teams	Total Per Team <i>(\$650, or \$500 if you do not need uniforms)</i>
Varsity (7th-8th)		
Junior Varsity (5th-6th)		

GIRLS VOLLEYBALL SUB-TOTAL _____

Please return this form by email or fax by **Dec. 9th** to attention of Dana Cooper. We will follow-up with invoice.
111 West Willis, Detroit, 48201 – Phone (313) 833-1600 – Fax (313) 833-1616- danacooper@thinkdetroitpal.org