Vegreville Adult Volleyball

Registration Form

2025/26

Team Name: _____

Full Name: _____

Address: _____

E-Mail: _____

Cell Phone: _____ Home Phone: _____

Team Fee $450
18 Game Nights, including year end tournament; 1.25 Hour Play Time
Waivers & Fees Must Be Handed In Prior to the First Game

	Player Name	E-Mail	Phone	Gender
1	Captain (Main Contact)			
2				
3				
4				
5				
6				
7				
8				

Note: Team must not have more than 3 Men on the court at a time. For more details on the league rules and etiquette please refer to the Forms tab on our website.

8 Teams fill the League Roster; These spots will be filled first paid first registered.

@VEGVOLLEYBALL

Email Form to vegrevilleadultvolleyball@gmail.com

Payment can be sent to alitabest16@gmail.com