

VIC BEACH VOLLEYBALL

1A Crown St

South Geelong Victoria 3220

Ph 52224400 Fax 5222 4051



BEACH VOLLEYBALL

REGISTRATION FORM

TEAM NAME :.....

CAPTAIN'S NAME:.....

CAPTAINS ADDRESS:.....

.....**POST CODE:**.....

HOME NUMBER:.....**MOBILE:**.....

EMAIL:.....**WORK:**.....

2ND CONTACT:.....**PH NUMBER:**.....

HOW DID YOU HEAR ABOUT VIC BEACH INDOOR SPORTS CENTRE?

TV RADIO LOCAL PAPER INTERNET FRIEND

GRADING GAMES (OFFICE USE ONLY)

DAY	DATE	TIME	VERSUS	INITIAL	SCORE

CIRCLE DAY & TIMES SLOTS FOR PREFERENCES

MONDAY FULL COURT	6.00	6.40	7.20	8.00	8.40	9.20	10.00	
MONDAY REBOUND	6.00	6.40	7.20	8.00	8.40	9.20	10.00	
TUESDAY FULL COURT	6.00	6.40	7.20	8.00	8.40	9.20	10.00	
TUESDAY REBOUND	6.00	6.40	7.20	8.00	8.40	9.20	10.00	
TUESDAY PAIRS	6.00	6.35	7.10	7.45	8.20	8.55	9.30	10.05
WEDNESDAY FULL COURT	6.00	6.40	7.20	8.00	8.40	9.20	10.00	
WEDNESDAY REBOUND	6.00	6.40	7.20	8.00	8.40	9.20	10.00	
THURSDAY PAIRS	6.00	6.35	7.10	7.45	8.20	8.55	9.30	10.05
THURSDAY REBOUND	6.00	6.40	7.20	8.00	8.40	9.20	10.00	
THURSDAY JUNIORS	4.30	FREE TRAINING		5.20	6.00	6.40		
SUNDAY PAIRS	6.00	6.35	7.10	7.45	8.20	8.55	9.30	10.05

I HEARBY AGREE ON BEHALF OF MYSELF AND MY TEAM MEMBERS TO ACCEPT AND PLAY BY THE RULES AND TO CONDUCT OURSELVES AS FAIR AND DECENT SPORTS FOR THE DURATION OF THE SEASON. WE ALSO AGREE TO PAY A FORFIET FINE SHOULD OUR TEAM FORFEIT IN LESS THAN 48-HOUR NOTICE. I HAVE ENSURED THAT MY TEAM HAS FAMILIARISED THEMSELVES WITH THE STADIUM POLICY.

SIGNED captain.....DATE.....