2009-10 JUNIOR TEAM ROSTER FORM

North Country Region USA Volleyball

Send this form WITH your individual registration forms to the region office when you register your team.

1. **After completing this form, make several copies.**
2. **A COMPLETED COPY MUST BE SENT TO THE REGION OFFICE WITH YOUR TEAM'S REGISTRATION.**
3. **ATTACH A COMPLETED ROSTER TO EACH TEAM YOU REGISTER.**

TEAM NAME		AGE DIVISION		TEAM RANK	

(The team name must include your club name, team age level and a ranking (i.e.: 1, 2, 3, Black, Red, etc. Example: North Country 12-1)
(The age group rank is the team's ranking versus other teams within the same age group in *YOUR* club.)

TEAM REP NAME			PHONE (H)		WORK		
ADDRESS		CITY		STATE		ZIP	
EMAIL ADDRESS		**each team should have an e-mail address (please print clearly)**					
CLUB NAME							

(All teams within this club need to have the same club name when registering. The club name MUST be apart of your team name!)

CLUB DIRECTOR NAME		PHONE (H)	
EMAIL		**(please print clearly)**	

ROSTER

NAME List all team members including coaches and team reps	Fee Pd ✓	Completed Registration Form **REQUIRED** Attached ✓	Background Check Information (if needed) ✓	IMPACT CERTIFIED (Y/N)	If this person is already registered with another team, write the name of the team here and indicate coach (c) or player (p)
Club Director:					
Team Rep:					
Head Coach:					
Asst. Coach:					

Mail completed form and registrations to: **North Country Region, Attn: Ken Miller, 14100 Hardy LK RD SW, Pillager, MN 56473-2224**

FOR OFFICE USE ONLY							
Date Rec'd		Registrations			Initials		
Fee Rec'd		Team		Individual		Trnmt	