

CHURCH VOLLEYBALL

MINISTRY

(chuchvolleyball.com)

CHURCH INFORMATION

FORM

Church Name: _____

Address: _____

Phone: _____ Email: _____

Church Representative: _____ Cell: _____

Alternate Representative: _____ Cell: _____

Church representatives are responsible for turning in the proper documentation and payment for registration, helping coordinate opening & closing tasks for your church, and providing coordinating assistance in various areas throughout the season. (They may delegate tasks to others from their church as needed.)

**I HEREBY ACCEPT THESE RESPONSIBILITIES AS REPRESENTATIVE FOR
OUR CHURCH AND OUR TEAMS.**

Signature: _____ Date: _____

Check List for Registration
(Registration Date will be available on the website.)

1. Church Information Form
2. Roster for Each Team
3. Release form for each player (minors must be notarized)
4. Payment in cash or check for \$80 per team payable to Emmanuel Baptist Church

Church Name: _____

Coaches' Information for Each Team

Name

Team Name

Cell

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

Total Number of:

Adult Competitive Teams _____ **Adult Leisure Teams** _____

Adult Leisure Advanced Teams _____

Youth Competitive Teams _____ **Youth Leisure Teams** _____

Youth Leisure Advanced Teams _____

***Each church will be responsible to open/close on their scheduled nights. A schedule will be posted on the website.**

For Committee Use Only	
Church Information Form	
Roster for Each Team	
Release form for each player	
Payment @ \$80 per team	Check <input type="checkbox"/> # _____ Cash <input type="checkbox"/> Date _____
Notes:	