

Parochial Athletic League Team Registration Form

School: _____

Sport: **Volleyball**

Boys Girls

Check Where Necessary:

1) Varsity () J. V. () A Division () B Division ()

Coach's Name: _____

Coach's Phone: _____

2) Varsity () J. V. () A Division () B Division ()

Coach's Name: _____

Coach's Phone: _____

3) Varsity () J. V. () A Division () B Division ()

Coach's Name: _____

Coach's Phone: _____

4) Varsity () J. V. () A Division () B Division ()

Coach's Name: _____

Coach's Phone: _____

Volleyball games will be scheduled Monday - Friday between the hours of 3:30 PM and 9:00 PM, on Saturdays between 9:00 AM and 8:00 PM, and on Sundays between 12:00 noon and 7:00 PM (ONLY IF NECESSARY)

Please list scheduling conflicts you would like considered. I will do my best to schedule around those conflicts. I cannot schedule around all conflicts so it will be your responsibility to make arrangements accordingly.

Schedules will be sent to the school and/or the athletic director as soon as they are completed. **Do not miss the deadline** for team entries and fees. Good Luck this season.