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| Cambridgeshire Volleyball Association | | | | | | | |
| League Entry form 2024-25 | | | | | | | |
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|  | | | | |  | |  | |  |  |  |  |
| **Team Contact Details**  **Please provide primary contact (fixtures) and at least one secondary contact** | | | | | | | |
| **Contact name** | **Role** | **E-mail** | | | | **Phone** | |
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|  |  |  | | | | | | |  |  |  |  |
| **Team Details** | | | | | | | |
| Team Name (men or women) | | |  | | | | |
| Home Venue | | |  | | | | |
| Venue Address  (with postcode for directions) | | |  | | | | |
| Match Day/Time | | |  | | | | |
| Any special procedure for Visiting Teams | | |  | | | | |
| Qualified Referees | | | Name 1: | Name 2: | | | |

|  |  |
| --- | --- |
| **Authority** | |
| **Signed on behalf of the club:** I/We agree to pay entry fees as indicated above and confirm that I am authorised to sign the agreement on behalf of the club. I/we also confirm that I have agreed to the rules and regulations of the CVA County Volleyball League. | |
| Name | Position |
|  |  |
| Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Best dates for home matches |  |
| Potential Dates to Avoid: |  |