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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: |

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