



# 2017 SPRING OPEN LEAGUE

Team Name: \_\_\_\_\_

Club/School: \_\_\_\_\_  
(If applicable)

<b>Team Contact 1:</b> _____ Address: _____ Phone (BH): _____ Mobile: _____ Email: _____ <b>Team Contact 2:</b> _____ Address: _____ Phone (BH): _____ Mobile: _____ Email: _____
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Please select the Division you wish to enter

	A	A Res	B	Junior (U18)
Men	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To select electronically, right click on box -> properties -> checked

VACT may move teams up/down and/or merge divisions if it is felt to be in the best interests of the competition.  
All decisions made by VACT are final

I have read the Competition Information and understand the conditions of the competition including those regarding team payment and player registration and agree to accept those conditions on behalf of my team.	
<b>Signed:</b> _____	<b>Date:</b> _____

## Entries close Wednesday 5 July

SEND ENTRY FORMS TO: Volleyball ACT  
 PO Box 1186, Dickson, ACT, 2602  
 Phone: (02) 6100 6418  
[competitions@volleyballact.com.au](mailto:competitions@volleyballact.com.au)