



## 2017 SPRING RECREATIONAL LEAGUE

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

Club/School: \_\_\_\_\_

(If applicable)

**Team Contact 1:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone (BH): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Team Contact 2:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone (BH): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Please select the Division you wish to enter**

	Rec 1	Rec 2
<b>Tuesday</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Thursday</b>	<input checked="" 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.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 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)**