



2017 TUESDAY FOURS BEACH VOLLEYBALL LEAGUE

Team Name: _____

Club/School: _____
(If applicable)

Team Contact 1: _____

Address: _____

Phone (BH): _____ Mobile: _____

Email: _____

Team Contact 2: _____

Address: _____

Phone (BH): _____ Mobile: _____

Email: _____

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

Available Payment Options:

Cash: Paid to the competition supervisor at the playing venue

Cheque: Made payable to Volleyball ACT

Direct Deposit: Commonwealth Bank (BSB: 062-904 Acc #: 0090 5741)

Credit Card: (please note a 2% surcharge applies for all credit card transactions)

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 25 October 2017

SEND ENTRY FORMS TO:

Phone: (02) 6100 6418 competitions@volleyballact.com.au