COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION
www.columbiaempirevb.com
2007-08 TEAM COVER SHEET

Club Name: _____ **Team Name**: _____

Age Division (please circle): 12U 14U 16U 18U **Team Rank (for clubs who have several teams in one age division):** _____

Club Director: _____ **Home #:** _____ **Work #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Team Rep**:_____ **Email**:_____

Membership Application Conf	Code of Ethics	Volunteer Disclosure Form	Background Screening Form	IMPACT/ASEP Verification	Jersey Number (Not Required)	**FULL NAME** (Please Print: Last Name, First Name) **List club director, coaches, and others first. List players in alphabetical order.**	**Please Circle One:** D= Director, C= Coach, P=Player, O=Other
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							D C O
							D C O
							D C O
					#		**P O**
					#		**P O**
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(Shaded area for CEVA Office Use Only) (An additional $5.00 will be charged for each player over 15.)

Individual Fees:

Adult Full Member (coaches/administrators)	_____ members @ $40	= $_____
Junior Full Member (players only)	_____ members @ $45	= $_____
Limited Jr. Member	_____ members @ $28	= $_____
(Other – players/coaches with teams only participating in Davis)		
Background Screening (Local)	_____ coaches @ $16	= $_____
Background Screening (Base line Fingerprinting)	_____ coaches @ $70	= $_____
Assessment Fee for Hard Copy Registrations	_____ members @ $5	= $_____

Team Fee: Each Team **$ 45.00**

Check #:_____ **TOTAL $**_____

_____ _____

Signature Team Representative Date **Signature Regional Commissioner** Date