BELLARINE VOLLEYBALL

TEAM REGISTRATION FORM SPRING 2021

Bellarine Volleyball Association Inc.

PO Box 679 Ocean Grove VIC 3226

Email: bellarinevolleyball@outlook.com

Registration form must be completed 1 week prior to season start

TEAM NAME	

1st CONTACT DETAILS

Position	Coach OR Captain OR Captain / Coach	Captain			
Name					
Address					
City		State		Post Code	
Phone					
Email					
If COACH, do you hold a current Working With Children Check? Y/ N					N
What is the working with children/police check number?					

NB: WWC Check is only required if there are players under 18 in the team.

2nd CONTACT DETAILS

Position	Coach OR Captain OR Vice Captain	Vice Captain			
Name					
Address					
City		State		Post Code	
Phone					
Email					
If COACH, do you hold a current Working With Children Check? Y / N					N
What is the working with children/police check number?					

NB: WWC Check is only required if there are players under 18 in the team.

Nominated Division - Mixed, Men's, Women's
Mixed Competitive

Note: Wherever possible, teams will be allocated to their preferred division

The BVAI Committee reserves the right to place a team(s) in a division other than their nominated division

NOMINATED TEAM PLAYERS (A MINIMUM OF 6 PLAYERS MUST BE RECORDED)

Surname	Given name	VVI REGISTRATION #