

2010 CGSAA Volleyball Information Form

School: _____	Phone: _____
	Fax: _____
Athletic Director: _____	Phone: _____
	Fax: _____
Volleyball Coordinator: _____	Phone: _____
	Fax: _____
Contact for Volleyball: _____	

How many teams do you have in the following grades?

Grade:	# of Teams:	Team Names (if 2 or more):
8th	_____	_____
7th	_____	_____
6th	_____	_____
5th	_____	_____
4th	_____	_____

If you have any special considerations, please list them on the "Scheduling Consideration Form" and bring with this sheet.

If you do not have enough players for a team and they would like to join another, please fill out and bring the "Extra Players Form" with this sheet.

Will your gym be available for matches this Fall? YES NO

Who is your Gym Coordinator? _____ Phone: _____

E-mail: _____

Please place an "X" over all dates that your gym will **NOT** be available:

September:

Saturday	11	18	25
Sunday	12	19	26

October:

Saturday	2	9	16	23
Sunday	3	10	17	24

**BRING ALL FORMS TO THE SEPTEMBER 1st MEETING
 INFORMATION RECEIVED AFTER THAT MEETING
 WILL NOT BE CONSIDERED**