



# Junior National League

Scottish Volleyball Association  
48 The Pleasance  
EDINBURGH EH8 9TJ



Telephone: 0131 556 4633  
Facsimile: 0131 557 4314

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E-mail: [info@scottishvolleyball.org](mailto:info@scottishvolleyball.org)

Enter Level: **JNL U19**   
Born 1990  
or later

**JNL U16**   
Born 1993  
or later

Name of **TEAM**:   
Uniform Shirt:

Male/Female   
Shorts:

Name of **CONTACT**:   
Address:   
  
Postcode:

Tel (h):   
Tel (w):   
Tel (m):   
Fax:   
**Email**:

Name of **COACH**:   
Address:   
  
Postcode:

Tel (h):   
Tel (w):   
Tel (m):   
Fax:   
**Email**:

Grade of coach: (e.g. SVA teachers II, Higher Grade, FIVB, other)

Name of <b>REFEREES</b> :	<b>I</b>	<b>II</b>
Tel (h):	<input type="text"/>	<input type="text"/>
Tel (m):	<input type="text"/>	<input type="text"/>
Ref Grade: (enter grade)	<input type="text"/>	<input type="text"/>

Name of **VENUE**:   
Address:   
  
Postcode:

## Declaration

I enclose the agreed affiliation fee of £20.00 per team plus £10.00 JNL entry fee per team (total £30.00 per team). By signing this declaration, I agree to abide by the rules of the competition, the rules of the Youth and Schools Commission, the rules of the Scottish Volleyball Association and decisions taken by the Organising Committees. This form should be returned to the **SVA Office by September 11<sup>th</sup>, 2009.**

*Tick as appropriate*

- I have read the rules       I am able to book my facilities       I am ready to register players
- I have a child protection policy       I have a child protection officer       I am registering my club's coaches

Signed \_\_\_\_\_

Date \_\_\_\_\_

JNL Organiser: SVA  
48 The Pleasance  
Edinburgh  
EH8 9TJ

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