



**Scottish Volleyball Association**  
**48 The Pleasance, Edinburgh, EH8 9TJ**  
**Tel: 0131 556 4633 e: info@scottishvolleyball.org**

## UNIVERSITY PLAYER REGISTRATION FORM

All University teams must be affiliated to the Scottish Volleyball Association.

All players competing in any Scottish Volleyball Association organised competition **must be registered with the Association by the time they play their first match**, i.e. before they take to the court on the first fixture of the season.

All University Players are issued with a Player Registration card which will have their Registration Number and Photograph on it and which must be stamped by the official stamp of the SVA to be valid. The card should be presented to the scorer at each match and the registration number recorded on the score-sheet to allow the player to participate.

Details of any new players must also be included on this form and the Team Secretary should enclose a photograph of each new player to be registered.

This form is to be completed by the Team Secretary. Teams must be affiliated prior to players being registered. Please indicate by ticking the appropriate box if affiliation is:

Included

Already Paid

**THIS FORM SHOULD BE COMPLETED BY THE TEAM SECRETARY.**

### Application Form

1. Please complete in **BLOCK CAPITALS** a separate form for each team.
2. Return this form to the Scottish Volleyball Association, along with the following items, for validation no later than **1st October 2009**.
  - a) Completed Player Registration cards (with photographs attached).
  - b) Registration Fee £10.00 Cheques to be payable to the Scottish Volleyball Association.
  - c) New Players' photographs (**with details printed on the reverse side**).
  - d) Affiliation Fee (if not already paid) £20.00.

Club Name:	Team:
District League Entered:	Division in League:
Team Secretary:	I wish to register the following players on behalf of the above team for season 2009-/2010 and enclosed the completed registration cards(with photographs attached) and fees as follows:  _____ University Players @ £10.00  _____ Affiliation Fee @ £20.00  Total      £ _____
Address:	
Postcode:	
Email:	
Telephone (Home):	
Telephone (Mobile):	

With reference to Bylaws 3 and 4 in the SVA Handbook, please write below the names and previous clubs of players transferring to your team from last season.

Name:	Team:
Name:	Team:

Please complete this form accurately giving all the requested details .

	Licence Number (if known)	Full Name	Address	Postcode	DOB	Nationality
1						
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