



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

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 REFEREES :	I	II
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 entry fee of £20.00. 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 12th, 2008.**

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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