## New York Urban Professionals Volleyball League

155 West 72nd St., Suite 406, New York, N.Y. 10023 212- 877-3614 \* Fax 315- 610- 6606 \*nyurbansports@gmail.com

## TEAM ENTRY FORM - WINTER 2026

TEAM NAME	
TEAM CAPTAIN	
CAPTAIN'S ADDRESS	
	ZIP
•	Home E-mail
	Home E-mail
PLAYERS  1	COED MEN'S WOMEN'S
defaults, no less than 8. The season \$1,575.00 and includes 10 matches	begins the week of January 12th, 2026. The team entry fee is 1 Pre-Season Scrimmage for New Teams, Divisional & and Referee Fees. No refunds after the start of the season.
Dated:	
	Signature of Individual Entering Team

TE	EAM NAME:		
1.	1. Last time our team played was: (check one) Fall '25 (now ending), Summer '25 , Spring '25 , Winter '25 , /Neither, New team		
2.	. Our team name was		
3.	Our record was		
4.	Compared to our last team we are (check)  The same a little better a little worse much better much worse		
5.	Compared to our last team, I think our team belongs in (check)  The same division  Up one division down one division  Up two divisions down two divisions  Updivisions down divisions		
6.	Why?		
7.	7. Any <u>serious</u> scheduling problems? If so, please specify clearly below in a complete sentence:  We		
8.	Are there any specific DATES that you can't make during the season due to parties, travel, anniversaries or Religious Holidays, etc?  If so, please list SPECIFIC DATES:		