## **New York Urban Professionals**

Volleyball League
155 West 72<sup>nd</sup> Street, New York, N.Y. 10023
212 877-3614 \* Fax 212 721 2920 \*NyUrbanSports@Gmail.com

## TEAM ENTRY FORM - FALL 2019

TEAM NAME	
TEAM CAPTAIN	
	ZIP
	Home E-mail
	Home
Fax:	E-mail
PLAYERS  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	COED MEN'S WOMEN'S
no defaults, no less than 8. 10 play with enough playing time. The season begins the week Pre-Season Scrimmage, Divisional	as 15 players on its roster and to insure that there are vers is probably the ideal amount to provide everyone of September 23th, 2019. It consists of 10 matches, 1 & Inter-Divisional Playoffs. The entry fee is \$1,375
and includes 10 T-Shirts and all Co	ourt and Referee Fees.
Dated:	Signature of Individual Entering Team

TE	EAM NAME:
1.	Last time our team played was: (circle one) Summer '19 (now ending) Spring '19, Winter '19, Fall '18 / Neither, New team
2.	Our team name was
3.	Our record was
4.	Compared to our last team we are (circle)  The same a little better a little worse much better much worse
5.	Compared to our last team, I think our team belongs in (circle one)  The same division  Up one division down one division  Up two divisions down two divisions  Updivisions down divisions
6.	Why?
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 or Religious Holidays including Yom Kippur or Rosh Hashanah. If so, please list SPECIFIC DATES: