New York Urban Professionals Volleyball League

155 West 72nd St., Suite 501, New York, N.Y. 10023 212- 877-3614 * Fax 315 610 6606 *Nyurbansports@gmail.com

TEAM ENTRY FORM - SPRING 2023

TEAM NAME		
TEAM CAPTAIN		
CAPTAIN'S ADDRESS		
Telephone: Cell:		
Home:	E-mail	
ALTERNATE CAPTAIN		
Telephone: Cell:		
Home:	E-mail	
PLAYERS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		COED MEN'S WOMEN'S
A team may have as many a defaults, no less than 8. The season \$1,425.00 and includes 10 matches Inter-Div. Playoffs plus all Court a	n begins the week of April s, 1 Pre-Season Scrimmage	for New Teams, Divisional &
Dated:		
	Signature of Indi	vidual Entering Team

TE	EAM NAME:		
1.	Last time our team played was: (check one) Winter '23 (now ending), Fall '22 , Summer '22 , Winter'22 / Neither, New team		
2.	Our team name was		
3.	. Our record was		
4.	Compared to our last team we are: The same a little better a little worse much better much worse		
5.	Compared to our last team, I think our team belongs in: 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? If so, please list SPECIFIC DATES:		