

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 - SPRING 2024

TEAM NAME _____

TEAM CAPTAIN _____

CAPTAIN'S ADDRESS _____
ZIP _____

Telephone: Cell: _____ Work _____
Home: _____ E-mail _____

ALTERNATE CAPTAIN _____
Telephone: Cell: _____ Work _____
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 as 15 players on its roster and to insure that there are no defaults, no less than 8. The season begins the week of April 15th, 2024. The team entry fee is \$1,475.00 and includes 10 matches, 1 Pre-Season Scrimmage for New Teams, Divisional & Inter-Div. Playoffs plus all Court and Referee Fees. No refunds after the start of the season.

Dated: _____

Signature of Individual Entering Team

TEAM NAME: _____

1. Last time our team played was: (check one) Winter '24__ (now ending),
Fall '23__ , Summer '23__, Spring'23__ / 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__
Up __divisions down __ divisions
6. Why?_____
7. Any serious 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:
