

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 2025

TEAM NAME _____

TEAM CAPTAIN _____

CAPTAIN'S ADDRESS _____
ZIP _____

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

ALTERNATE CAPTAIN _____
Telephone: Office _____ Home _____
Cell: _____ 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 January 13th, 2025. The team entry fee is \$1,525.00 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) Fall '24 (now ending),
Summer '24 , Spring '24 , Winter '24 , /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
 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, anniversaries or Religious Holidays, etc?
If so, please list SPECIFIC DATES:
