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 2025

TEAM NAME		
TEAM CAPTAIN		
CAPTAIN'S ADDRESS		
	Z	ZIP
Telephone: Cell:	Work	
Home:	E-mail	
ALTERNATE CAPTAIN		
Telephone: Cell:	Work	
Home:	E-mail	
<u>PLAYERS</u>		
1		
2		
3		
4		
5		COED
6		MEN'S
7		WOMEN'S
8		
9		
10		
11		
12		
13		
14		
15		
A team may have as many a defaults, no less than 8. The season \$1,525.00 and includes 10 matches		th, 2025. The team entry fee is
Inter-Div. Playoffs plus all Court and		
Dated:		
		dual Entering Team

TE	EAM NAME:
1.	Last time our team played was: (check one) Winter '25 (now ending), Fall '24, Summer '24, Spring'24 / 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: