

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 - FALL 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 September 29th, 2025. The team entry fee is \$1,575.00 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: _____

COMPANY NAME(if sponsored)_____

1. Last time our team played was: (check one) Summer '25____(now ending),
Spring '25____, Winter '25____, Fall '24____, /Neither, New team_____

2. Our team name was _____

3. Our record was _____

4. Compared to our last team we are (please 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 :

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** including Yom Kippur or Rosh Hashanah. If so, please list SPECIFIC DATES:
