

Eastern Virginia Officials Association Volleyball Registration 20____

Name: _____

Member: New___ Current___

Was Dues Deducted: Yes___ No___

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ DOB: _____

Spouse or Significant Others Name: _____

Phones: *(please provide all contact numbers)*

Home: _____

Fax: _____

Work: _____

Pager: _____

Cellular: _____

Other: _____

E-mail: *Home:* _____

E-mail: *Work:* _____

Work City: _____ Area: _____

Normal Time Available to Leave for a game:

Sun ***Mon*** ***Tue*** ***Wed*** ***Thr*** ***Fri*** ***Sat***

If you have Children what School(s) do they attend

Other Volleyball Info:

PAVO Rating: _____ **From What Board:** _____

USA Volleyball Rating: _____ **From What Region:** _____

Other Important info: