

Cambridgeshire Volleyball Association

League Entry form 2024-25

Team Contact Details			
Please provide primary contact (fixtures) and at least one secondary contact			
Contact name	Role	E-mail	Phone

Team Details		
Team Name (men or women)		
Home Venue		
Venue Address (with postcode for directions)		
Match Day/Time		
Any special procedure for Visiting Teams		
Qualified Referees	Name 1:	Name 2:

Authority	
<p align="center">Signed on behalf of the club:</p> <p>I/We agree to pay entry fees as indicated above and confirm that I am authorised to sign the agreement on behalf of the club. I/we also confirm that I have agreed to the rules and regulations of the CVA County Volleyball League.</p>	
Name	Position
Signature	Date

Best dates for
home matches

Potential
Dates to
Avoid: