CHARLESTON CHURCH RECREATION ASSOCIATION
2017 COED VOLLEYBALL ENTRY FORM

Church Name _____

Address _____

Clergy Name _____ Phone _____ E-mail _____

CCRA Representative _____

Representative E-mail _____

Phone: Home _____ Work _____ Cell: _____

Number of Teams

Division 1 _____ **Division 2 _____**

(Churches with less than six players will be combined with another church.)

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ENTRY FORM DEADLINE IS: September 5, 2017

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We understand that all fees are payable to the league before November 1, 2017. Failure to pay fees will result in forfeiture of all matches after November 1st until fees are paid. We further understand that the registration deadlines will be enforced. Any team deletions after the dead line, will result in a $50.00 penalty per team.

Clergy Signature: _____Date: _____

Representative Signature: _____ Date: _____

Please Mail To: Steve Joseph
PO Box 4505
Charleston, WV 25364-4505

Phone: 304-346-5877
Fax: 304-346-4999
E-mail: ccrabball@aol.com