

2009 CGSAA Volleyball Information Form

School: _____ Phone: _____

Fax: _____

Athletic Director: _____ Phone: _____

Fax: _____

Volleyball Coordinator: _____ Phone: _____

Fax: _____

Contact for Volleyball: _____

How many teams do you have in the following grades?

Grade:	# of Teams:	Team Names (if 2 or more):	
8th	_____	_____	_____
7th	_____	_____	_____
6th	_____	_____	_____
5th	_____	_____	_____

If you have any special considerations, please list them on the "Scheduling Consideration Form" and bring with this sheet.

If you do not have enough players for a team and they would like to join another, please fill out and bring the "Extra Players Form" with this sheet.

Will your gym be available for matches this Fall? YES NO

Who is your Gym Coordinator? _____ Phone: _____

E-mail: _____

Please place an "X" over all dates that your gym will **NOT** be available:

September:

Saturday	12	19	26
Sunday	13	20	27

October:

Saturday	3	10	17	24
Sunday	4	11	18	25

**BRING ALL FORMS TO THE SEPTEMBER 2nd MEETING
INFORMATION RECEIVED AFTER THAT MEETING
WILL NOT BE CONSIDERED**