



CHURCH PARTICIPATION REGISTRATION

SoFlo Volleyball Registration Form

Details of person to whom correspondence should be sent.

Name: _____ Name of Church Group: _____

Address: _____ Zip code: _____

E-mail: _____ Pastor or AYS Leader Phone Number: _____

Pastor or AYS Leaders signature: _____

Player Name	Player D.O.B
1.	
2.	
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4.	
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