



**2013
MINNESOTA SPORTS FEDERATION
YOUTH VOLLEYBALL TEAM/PLAYER MEMBERSHIP FORM**

*PLEASE TYPE OR PRINT AND COMPLETE ALL ENTRIES ONLY ONE TEAM PER FORM
FORMS WHICH ARE NOT LEGIBLE WILL BE RETURNED
(Reproduction Permitted)*

Team Name _____ Community _____

Team Coach _____ Address _____

City _____ State _____ Zip Code _____

Phone H () _____ W () _____

E Mail Address _____

Circle the age group you are entering : 12-U 13-U 14-U 15-U 16-U 17-U 18-U

List legibly below each player being registered.

- 1. Player Name _____
- 2. Player Name _____
- 3. Player Name _____
- 4. Player Name _____
- 5. Player Name _____
- 6. Player Name _____
- 7. Player Name _____
- 8. Player Name _____
- 9. Player Name _____
- 10. Player Name _____
- 11. Player Name _____
- 12. Player Name _____
- 13. Player Name (Alt) _____
- 14. Player Name (Alt) _____



<p>MSF Membership Fees</p> <p>One time \$5.00 membership fee is required.</p>
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ONE TIME ANNUAL MEMBERSHIP: _____ PLAYERS @ \$5 EACH = _____

**MEMBERSHIP FEES MUST ACCOMPANY THIS FORM
AND MAY BE SENT WITH TOURNAMENT ENTRY FORM
OR TURNED IN AT THE TIME OF TEAM CHECK-IN
Please make check or money order payable
to MSF and send to:**

MSF Youth Volleyball Team Membership

PO Box 368
Big Lake, MN 55309
(763) 263-9993
(763) 263-5657
(Fax-Credit Cards Only)

CREDIT CARD PAYMENT

Visa _____ Mastercard _____ Discover _____

Credit Card Number _____

Expiration Date: _____

Name as it appears on card _____

Signature _____