



Saskapalooza SmashFest



TEAM

REGISTRATION FORM

Registration Deadline:

Regina - November 4, 2022

Saskatoon - November 11, 2022

Team name: _____ Gender: M / F / Co-Ed

Home community: _____

Age range of the team members: (e. g., 8 – 9 yrs.; 8 – 10 yrs.; 9 – 10 yrs.; 9 – 11 yrs., . . .): _____

Team contact: Name: _____

Phone (cell): _____

Email address: _____

NOTE: TO COMPLETE THE REGISTRATION PROCESS PLEASE ENSURE THAT YOU HAVE:

1. Submitted this **REGISTRATION FORM** via: Email: tom@saskvolleyball.ca
2. Submitted payment of the **REGISTRATION FEE (\$10 / child)** at your earliest convenience.
3. Completed payment of your registration fee via:
 - a. credit card using this registration form **OR**
 - b. credit card phoned to:
 - o Blair Lissinna, Sask Volleyball, Financial Director (306- 327-7893), **OR**
 - c. etransfer to: blair@saskvolleyball.ca

(NOTE: IN THE TRANSFER MEMO, INCLUDE THE NAME OF THE TEAM OR

 - d. cheque {Make cheques payable to: **Sask Volleyball**}

PLEASE SEND A COPY OF THE REGISTRATION FORM WITH THE CHEQUE TO HELP US ENSURE WE MATCH YOUR CHEQUE WITH YOUR TEAM.

- I would like to pay by cheque (made payable to **Sask Volleyball**)

Mail to 1750 McAra Street, Regina, SK S4N 6L4

- I would like to pay by credit card

Card # _____ Expiry Date ___ / ___ CVV #: _____

Name on the Card: _____

4. Submitted a **TEAM ROSTER** (see the outline included on the attached page);

Return completed registration form and roster to:

Tom Ash

Program Coordinator – Grassroots Programs

Saskatchewan Volleyball Association

Email: tom@saskvolleyball.ca

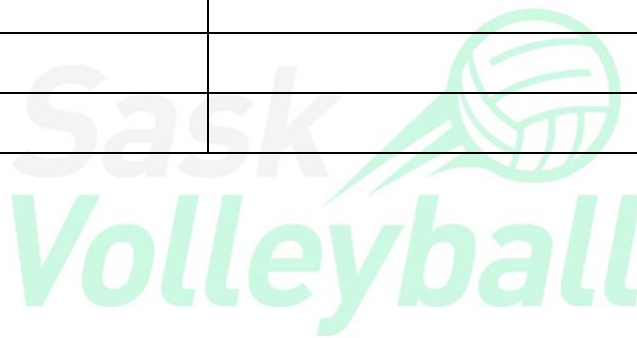
Cell: 306-527-4897



Saskapalooza SmashFest 2022

TEAM: _____

Players				
Last name	First name	Address (Mailing or Email)	Age	Grade



Coaches / manager		Phone: cell #
Last name	First name	

