

Team Registration Summary Form

PLEASE COMPLETE ONE FORM PER TEAM

Team Name: _____

Classification: Men Women

Entry Fees: (must also complete tournament entry form)

Men's or Women's AA League _____ @ \$700 = \$ _____

TOTAL \$ _____

Check enclosed

Please charge my: VISA MasterCard American Express

Paid online

Card Number: _____ Exp.: _____ Sec. Code: _____

Make checks payable to:
NCVA
72 Dorman Avenue
San Francisco, CA 94124

Card member: _____

Card member's Address: _____

Card member's City, State, Zip Code: _____

Phone: (415) 550-7582
Fax: (415) 550-7762
E-mail: vball@ncva.com

Signature: _____