

**2018-2019 Season**

**Adult Team Registration Summary Form – This is a Required 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 League	_____ @ \$700.00	= \$ _____
	3% Service Charge	= \$ _____
	<b>TOTAL</b>	\$ _____

- Check enclosed
- Paid online  
(ncva.com/payments)

Please charge my:  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ Sec. Code:

Card member: \_\_\_\_\_

Make checks payable to:  
NCVA  
5621 Skylane Blvd.  
Santa Rosa, CA 95403

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: \_\_\_\_\_