

**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 = \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

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Check enclosed

Please charge my:  VISA  MasterCard  American Express

Paid online

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

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

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: \_\_\_\_\_