

Township of North Glengarry Co-ed Adult Volleyball 2025-2026

INFORMATION FOR TEAM CONTACT PERSON				
TEAN	M NAME (as it should ar	opear on the shirt):		
First Name:			Last Name:	
Email:			Phone Number:	
Address:				
* The Team Contact will be receiving emails from the Township in regards to cancellations or				
any updates with the program.				
TEAM MEMBERS				
	Last Name	First Name	Email	Shirt Required – Indicate size (cost is \$20 for each new shirt)
1				Yes–Size
2				Yes–Size
3				Yes-Size
4				Yes–Size
5				Yes-Size
6				Yes–Size
7				Yes-Size
8				Yes-Size
9				Yes–Size
10				Yes-Size
** Each team can register up to 10 players including spares.				
COSTS				
Registration per Team: \$575 Shirts:			x \$20 (HST incl.) =	Grand Total:
TEAM CONTACT ACKNOWLEDGEMENT				
Print Name: Signa		Signature:	Di	ate:
OFFICE USE ONLY				
Registered by:			Registration Date:	
Payment Format: CASH CHEQUE				
Withdrawal Date:			Signature:	