

# Northeast Women's Volleyball Club League

**2017-2018**

## ***League Membership Registration Form and Invoice***

***Invoice #: LMR1718***

Team (School) Name: \_\_\_\_\_

Captain's name: \_\_\_\_\_

E-mail: \_\_\_\_\_

DIVISION: RED or BLUE (circle one)

**The league membership fee is \$350 per team for the 2017 - 2018 Season. This fee must be received by October 14<sup>th</sup> (Sat), 2017.**

Please make the check out to:

NWVCL

And send it to:

NWVCL

P.O. Box 370074

West Hartford, CT 06137

\* If you need tax ID number, please contact the NWVCL commissioner, Jung Park

**Jung Park: [NWVCL@comcast.net](mailto:NWVCL@comcast.net)**

**This form is for our CURRENT LEAGUE MEMBER TEAMS ONLY.  
Please do not use this form if your team is not a member of our league.**

**Northeast Women's Volleyball Club League**