

2025 CGSAA School Volleyball Information/Team Counts Form

School: _____

Phone: _____

Email: _____

Athletic Director: _____

Phone: _____

Email: _____

Volleyball Coordinator/Contact: _____

Phone: _____

Email: _____

How many teams do you have in the following grades? ****FEE IS \$415 Per Team for Girls**

	# of Teams:	Team Names (if having 2 teams):	
8G			
8B			
7G			
7B			
6G			
6B			
5G			
5B			
4G			
4B			

Scheduling Considerations: Do you have any Scheduling Considerations that are School or Church-related or are any of your teams playing in any tournaments? *(please circle)*

YES NO

**If YES please fill out the "Scheduling Consideration Form" and bring with this sheet.*

Extra Players: Do you have any Extra Players that are looking for a team to play on? *(please circle)*

YES NO

**If YES please fill out the "Extra Players Form" and bring with this sheet.*

Gym Availability: Will your gym be available for matches this Fall? *(please circle)*

YES NO

If YES please fill out the "Gym Availability Form" and bring with this sheet.