



2016 YOUTH VOLLEYBALL BULLETIN



REGISTRATION: TEAM REGISTRATION WILL BE DUE FRIDAY, FEBRUARY 5, 2016.

PLAY BEGINS: THE WEEK OF MARCH 1, 2016.

AGE GUIDELINES

USA VB Governing Body

18U – born on or after Sept. 1, 1997

12U – born on or after Sept. 1, 2003

14U – born on or after Sept. 1, 2001

10U – born on or after Sept. 1, 2005

*** Age Determining Date for Youth Volleyball is September 1, 2016***

(The players age on or before September 1, 2016 will determine the level of play)

<u>AGE GROUP</u>	<u>GAME DAY</u>	<u>ENTRY FEES</u>	<u>(EOS = End of Season Tournament)</u>
(Must be at least 7 by March 1, 2015)			
10U Girls	Monday	\$175 (14 matches/7 week schedule)	No EOS Tournament
12U Girls	Tuesday	\$175 (14 matches/7 week schedule)	EOS Tournament - \$75 Double Elim.
14U Girls	Thursday	\$175 (14 matches/7 week schedule)	EOS Tournament - \$75 Double Elim.
14U Co-ed	Thursday	\$175 (14 matches/7 week schedule)	EOS Tournament - \$75 Double Elim.
18U Girls	Wednesday	\$175 (14 matches/7 week schedule)	EOS Tournament - \$75 Double Elim.
18U Co-ed	Wednesday	\$175 (14 matches/7 week schedule)	EOS Tournament - \$75 Double Elim.

END OF SEASON Tournament: 12U & 14U will be the weeks of April 18 & 25, 2016. 18U will be April 20 & 27.

****** Co-ed teams must have 3 girls and 3 boys on the court at all times.

******* All Head and Assistant coaches must be certified, have passed a background check within the past two years and must complete the on-line concussion training. Maximum 2 coaches per team.

2016 YOUTH VOLLEYBALL REGISTRATION FORM

Registrations can be mailed to Municipal Athletics, 1500 Rice St., St. Paul, 55117,
e-mail: muni@ci.stpaul.mn.us or fax: 651-558-2237.

(Please complete ALL information asked for.)

Team Name: _____

Organization Contact (Director): _____ Phone: _____

Head Coach: _____ Asst. Coach: _____

Email: _____ Email: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

PLEASE CHECK DIVISION: (ONE TEAM PER FORM)

10U Girls _____	A or B	14U Girls _____	A or B	14U Co-ed _____
12U Girls _____	A or B	18U Girls _____	A or B	18U Co-ed _____



****** If there are enough teams to break into more than one league, the rating you give will help with teams playing other teams of similar ability. If not enough teams, all teams will play together in one league. ******

