



WINNIPEG WOMEN'S VOLLEYBALL LEAGUE

Date: _____

To the WWVL Executive,

This letter is to declare that the following under-20 player,

_____, whose date of birth is _____,
(First and last name of player) (Date of Birth)

will be playing on Team _____ in Tier _____ for
(Team Name) (Tier #)

the _____ season and agrees to the following rules:
(Year)

- 1) Will not play on any high school volleyball team during the same year
- 2) Will not play on an age-class (club) volleyball team in the same year
- 3) Cannot participate in the Senior League Provincials or Nationals, as set out by Volleyball Canada

(signature of Player)

(date)

(signature of Team Contact)

(date)