

**THE MOUNTAIN WEST CONFERENCE
SUMMER VOLLEYBALL LEAGUE PERMISSION FORM**

NAME	_____
CAMPUS ADDRESS (on or off)	_____ (street address) _____ (city/state/zip)
CAMPUS PHONE #	() _____
PERMANENT ADDRESS	_____ (street address) _____ (city/state/zip)
OFFICIAL RESIDENCE AT THE END OF SPRING SEMESTER	_____ (street address) _____ (city/state/zip)
YEARS OF ELIGIBILITY REMAINING	_____
NAME OF SUMMER LEAGUE & TEAM	_____
LOCATION OF LEAGUE	_____
DATES OF PARTICIPATION	_____ to _____
CONTACT PERSON AT LEAGUE	_____
PHONE # OF CONTACT	() _____
PREVIOUS PARTICIPATION IN SUMMER LEAGUE	_____
NAME OF OTHER UW VB PLAYER ON TEAM (IF APPLICABLE)	_____
_____	_____
(Student-Athlete's Signature)	(Date)
_____	_____
(Athletic Director's Signature)	(Date)

****PLEASE SEE THE BACK OF THIS FORM FOR NCAA BYLAWS CONCERNING
SUMMER LEAGUE VOLLEYBALL (17.28.13.1.1.1, 17.28.13.1.1.2 and 17.28.13.1.2)**