



## 2016-2017 Season Club Contact Information for Background Screening Reports

Region: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

The designated individual listed below will be contacted by Southeastern Security Consultants, Inc. (SSCI) if it becomes necessary to send notice of Automatic Disqualification to the Club concerning any background screening applications submitted by the Club.

Club Name: \_\_\_\_\_

Club Director Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Designee to receive background screening information if different than Club Director:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

This form is to be submitted to the Regional Volleyball Association to be kept on file.