



ADULT FALL VOLLEYBALL LEAGUE

TEAM APPLICATION

All Information Must Be Completed

At the time of registration all fees are due. You will not be able to register without them! Rosters must be turned in by the first day of games with all information completed, including signatures.

DEADLINE: MONDAY, AUGUST 12

Season: Fall 2019 Date: _____

Team name (this season): _____

Team name (last season if applicable): _____

Manager's Name: _____

Street: _____ City & Zip Code: _____

Phone: _____ Email Address: _____

Assistant Manager's Name: _____

Street: _____ City & Zip Code: _____

Phone: _____ Email Address: _____

<u>Check ONE (X)</u>	<u>League</u>	<u>Days</u>	<u>Dates</u>	<u>Time</u>	<u>Max Teams</u>	<u>Price</u>	<u>ID</u>
	Women's	Tues	9/3-Mid Dec	6-10P	8	\$255	219114-01
	Co-Ed A (Competitive)	Sun	9/8- Mid Dec	6-9P	8	\$255	219114-02
	Co-Ed B	Wed	9/4- Mid Dec	6-10P	16	\$255	219114-03
	Co-Ed C (Recreational)	Thur	9/5- Mid Dec	6-10P	8	\$255	219114-04

<p>Office Use Only Amount Paid: _____ Cash or Ck #: _____ Initials: _____</p>
