

VOLLEYBALL

2018-2019 Winter VB Season League Registration Form

DECEMBER 3 - MARCH 6

Captain/Team Information

TEAM NAME	CAPTAIN NAME		
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
CAPTAIN PHONE	SECONDARY CONTACT	SECONDARY PHONE	

League Information

- | | | | |
|------------------------------------|-----------------------|----------------|--------------|
| <input type="checkbox"/> MONDAY | \$14 weekly court fee | or full amount | \$248 |
| <input type="checkbox"/> TUESDAY | \$16 weekly court fee | or full amount | \$272 |
| <input type="checkbox"/> WEDNESDAY | \$18 weekly court fee | or full amount | \$296 |
| <input type="checkbox"/> THURSDAY | \$18 weekly court fee | or full amount | \$296 |

Full amounts adjusted for any BYE's.
Nights are scheduled on a 1st come
1st serve basis
Please indicate a 1st & 2nd choice
incase night is full or league is not
available that night

- | | | |
|----------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> MEN'S | <input type="checkbox"/> 6's | <input type="checkbox"/> COMPETITIVE |
| <input type="checkbox"/> COED | | <input type="checkbox"/> AVERAGE |
| <input type="checkbox"/> WOMEN'S | <input type="checkbox"/> 4's | <input type="checkbox"/> RECREATIONAL |

ADDITIONAL NOTES / REQUESTS (requests will be considered, but will not be guaranteed)

Seasonal Information

\$80.00 Registration Fee is minimum payment due - Must be paid upon submission - and is included in the full amount
\$50.00 Forfeit Fee is due for teams who pay weekly (will be refunded or transferred if NO forfeit had occurred)
If multiple forfeits occur, additional forfeit fee charges may apply or disqualification from the league (NO refunds)

Payment status must be completed by Thurs of week 1 (\$20 late fee per week, thereafter)

NO refund of Registration fee, if your team backs out or quits once the season begins

**Receive a \$20 Gift Card,
if you pay in full with Cash.**

GAMEDAY SPORTSBAR USE ONLY

AMOUNT PAID	DATE	AUTHORIZED SIGNATURE
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