

**Holiday Volleyball League Registration**

**Play begins Nov 3rd!**

**Mon/Tues 8 weeks**

**Wed 7 weeks**

**Thurs-Fri 6 weeks**

**You must fill out a separate form for each league.**

**Please circle which session you would like to sign up for.**

|                            |
|----------------------------|
| <b>Monday</b>              |
| Men 4B+                    |
| Women 4B+                  |
| Coed 4B+                   |
| Women 6B+                  |
| <b>\$245/6's \$185/4's</b> |

|                  |
|------------------|
| <b>Tuesday</b>   |
| Coed 6B          |
| Coed 6B+         |
| Coed 6Rec        |
| <b>\$245/6's</b> |

|                            |
|----------------------------|
| <b>Wednesday</b>           |
| Men 4A                     |
| Women 4A                   |
| Reverse Coed 4A            |
| Women 6B+                  |
| Women 6B                   |
| Coed 6B+                   |
| Coed 6B                    |
| Men 6B+                    |
| <b>No play Dec 24th!</b>   |
| <b>\$215/6's \$145/4's</b> |

|                         |
|-------------------------|
| <b>Thursday</b>         |
| Coed 6B+                |
| Coed 6B                 |
| Coed 6Rec               |
| <b>No play Nov 27th</b> |
| <b>or Dec 25th!</b>     |
| <b>\$185/6's</b>        |

|                         |
|-------------------------|
| <b>Friday</b>           |
| Coed 6B                 |
| Coed 6Rec               |
| <b>No play Nov 28th</b> |
| <b>or Dec 26th!</b>     |
| <b>\$185/6's</b>        |

Wed will fill up fast and space is limited. Registrations will be accepted on a first come first serve basis.

**Do you or your teammates play in multiple leagues on the same night? If so, please list them below.**

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**A \$10 fee will be added to all registrations received after October 27th!**

|                     |
|---------------------|
| Team Name:          |
| Team Captain:       |
| Cell/Daytime Phone: |
| Email Address:      |
| Alt. Captain:       |
| Phone #:            |
| Email Address:      |

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|-------------------|
| Amount Paid:      |
| Credit Card #:    |
| Exp. Date:        |
| Signature:        |
| Billing Address   |
| For Verification: |

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**Mail, fax, email or drop off this registration with payment before October 27th!**

**Payment is required with your registration in order to secure your spot!**



