



# BYRON TOWNSHIP RECREATION

## 2021/2022 WOMEN'S VOLLEYBALL



Team Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(Day) Phone: \_\_\_\_\_ (Night) Phone: \_\_\_\_\_

Asst: Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle which night/division and which session(s) your team would like to play. Each team is limited to **ONE NIGHT** per session but can register for multiple sessions.

<u>Night :</u>	<u>Session 1 Start Date:</u>	<u>Session 2 Start Date:</u>	<u>Session 3 Start Date</u>
Monday (upper)	October 25th	December 20th	February 14th
Monday (lower)	October 25th	December 20th	February 14th
Tuesday (upper)	October 26th	December 21st	February 15th
Tuesday (lower)	October 26th	December 21st	February 15th

**REGISTRATION FEE: \$160/team/session** +\$5.00 convenience fee when paying with a card.

**REGISTRATION BEGINS: Monday, September 13, 2021** (to anyone interested)

**REGISTRATION DEADLINE: SESSION 1 DEADLINE: Friday, September 24, 2021**

**SESSION 2 DEADLINE: November, 22, 2021**

**SESSION 3 DEADLINE: January 17, 2022**

(\$10 late fee will be assessed after the deadline, **if space is available**) \*\*Please note that leagues fill up quickly so register early - this may cause us to close registration before the scheduled deadline.

**TO REGISTER: YOU MUST TURN IN YOUR REGISTRATION FORM WITH FULL PAYMENT, IN ORDER TO SECURE YOUR SPOT!**

**GAMES BEGIN: (see start dates above)**

\*Game times will be 6:00, 7:00pm & 8:00pm

\* 7 teams/division/night - 6 games/session

**TEAM ROSTERS:** Completed rosters are due to the Recreation Office on **first night of competition**

**Phone:** 616-878-1998 | **Fax:** 616-583-1220 | **Website:** [www.byrontownshiprec.org/volleyball](http://www.byrontownshiprec.org/volleyball)

**Email:** [katiev@byrontownship.org](mailto:katiev@byrontownship.org)

PLEASE FILL IN ALL THE INFORMATION BELOW COMPLETELY :

Indicate if this is a Returning or New Team:      Returning Team      New Team

\*If returning, list your team name(s): \_\_\_\_\_

How many years has your team played together \_\_\_\_\_

How many players played in:      High School \_\_\_\_\_ College \_\_\_\_\_ Rec \_\_\_\_\_

Average Team Age \_\_\_\_\_

Written Summary of your team's abilities.

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**MANAGERS:** Please tell your teams that ALL league information - game schedule, cancellations, game changes, etc. will be communicated via email to all managers & assistant managers (if listed). It is your responsibility to pass along any information to your team that is necessary. All game schedules and results can be found on our website: [www.byrontownshiprec.org/volleyball](http://www.byrontownshiprec.org/volleyball). Any cancellations or changes will also be posted to our website and our Facebook page! **Any score discrepancies or issues that occur must be reported by the team manager.**

**Statement of Acknowledgement:**

I agree to play by the rules, regulations, policies and procedures of the Byron Township Recreation Department Women's Volleyball program. I also agree to take the responsibility to inform all my players of the rules, regulations, policies and procedures. ***I understand that all players must be 18 years old or older to participate.***

\_\_\_\_\_  
Manager's or Team Representative's Name Printed

\_\_\_\_\_  
Manager's or Team Representative's Signature

**(Note:** There is a \$5 convenience fee for credit card transactions)

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CCV: \_\_\_\_\_

**OFFICE USE ONLY:**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_