



BYRON TOWNSHIP RECREATION 2019 FALL WOMEN'S VOLLEYBALL



Team Name: _____

Manager's Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

(Day) Phone: _____ (Night) Phone: _____

Asst: Manager's Name: _____ Email: _____

Please indicate your first (1) and second (2) choice for league play. Every effort will be made to place you in the division of your request. Please understand that we will be reviewing data filled out on this form along + previous performance when placing teams in a division. We will also not have more than 7 teams in a division. Also please note that the White & Blue divisions are both considered middle and will be as equally divided as possible.

<u>Night</u>	<u>Division</u>	<u>CHOICE #</u>
Monday	Red (I)	_____
Monday	White (II)	_____
Monday	Blue (II)	_____
Monday	Grey (III)	_____

REGISTRATION FEE: \$220 Per Team +\$5.00 convenience fee when paying with a card.

REGISTRATION BEGINS: Monday, July 15, 2019 (First come, first serve basis)

REGISTRATION DEADLINE: August 17, 2019 (\$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 sooner before the scheduled deadline. No refunds will be given after the deadline.

TO REGISTER: Mail/Fax/Walk -In completed registration form & **full** registration fee to the Byron Township Recreation Department (2120 76th Street, Byron Center, MI 49315.)

GAMES BEGIN: Monday, September 23, 2019 **TEAM ROSTERS:** Completed rosters are due in the Recreation Office on Monday, September 30, 2019
 *Game times will be 6:15p, 7:15p, & 8:15p.

Phone: 616-878-1998 | **Fax:** 616-583-1220 | **Website:** www.byrontownshiprec.org/volleyball
Email: 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): Winter team: _____ Fall team: _____

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. You will be placed in a league according to the level of your players. Teams will be ranked as evenly as possible. If you have any requests please indicate here:

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. 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 #: _____