

Carmichael



5325 ENGLE RD, SUITE 100, CARMICHAEL, CA 95608
483-7826 FAX 483-7861

2010 ADULT VOLLEYBALL REGISTRATION

LEAGUE:	SPRING	SUMMER	FALL	WINTER 10/11
		<i>Circle one</i>		

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
TEAM NAME: _____ E-MAIL ADDRESS: _____

COST: ALL LEAGUES = \$180 PER TEAM

Please check the league you wish to enter, indicate first or second choice by numbering choice 1st or 2nd.

WOMEN'S A	TUESDAY _____	FOUR PERSON LEAGUES
WOMEN'S BB	TUESDAY _____	
WOMEN'S B	TUESDAY _____	<u>CO-ED QUADS</u>
WOMEN'S CC	TUESDAY _____	
MEN'S BB	TUESDAY _____	CO-ED BB WEDNESDAY _____
MEN'S B	TUESDAY _____	CO-ED B WEDNESDAY _____
		<u>WOMEN'S QUADS</u>
CO-ED BB	THURSDAY _____	
CO-ED B	THURSDAY _____	WOMEN'S QUADS BB THURSDAY _____
CO-ED CC	THURSDAY _____	WOMEN'S QUADS B THURSDAY _____
CO-ED C	THURSDAY _____	

Please list all other teams you or other players will be playing on so we can avoid conflicts when doing the schedule:

Night:	League:	Team Name:
_____	_____	_____
_____	_____	_____

Other Scheduling Requests: _____

Payment:

CASH: _____ **CHECK:** _____ **VISA:** _____ **MASTERCARD:** _____
ACCOUNT NUMBER: _____ **EXP. DATE:** _____

Office Use Only

Office Receipt Number: _____