

Carmichael

ADULT VOLLEYBALL REGISTRATION



La Sierra Community Center
5325 ENGLE RD, SUITE 100, CARMICHAEL, CA 95608
Phone: 483-7826 Fax: 483-7861
www.carmichaelpark.com

Season: (Circle One)	Winter	Spring	Summer	Fall
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FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

TEAM NAME: _____ E-MAIL ADDRESS: _____

You will be emailed the schedule when it's completed so please print clearly when writing your address

Please check the league you wish to enter, indicate first or second choice by numbering choice 1st or 2nd. If there are not enough teams registered in your first choice, you will be placed in the second choice league.

Tuesdays Women 6's:

A _____ B _____

BB _____ CC _____

Thursdays Women Quads:

BB _____

B _____

Wednesdays Reverse Co-Ed Quads:

BB _____

B _____

Thursdays Co-Ed 6's:

BB/B _____

CC/C _____

Scheduling Requests:

Schedule requests are not guaranteed. Please list all other teams you or other players will be playing on so we can attempt to avoid conflicts when doing the schedule:

Night: _____

League: _____

Team Name: _____

Other: _____

Payment:

Registration Per team: \$185

Visa: _____ Mastercard: _____ Check#: _____ Cash: _____

Account Number: _____ Exp. Date: _____

Phone Registration:
Call us at 483-7826 and register over the phone when using a credit card!

Office Use Only

Office Receipt Number: _____