ADULT VOLLEYBALL
TEAM REGISTRATION

Carmichael Recreation and Park District
5325 Engle Rd, Suite 100 Carmichael, CA 95608
Phone: (916) 483-7826 Fax: (916) 483-7861
www.carmichaelpark.com

Year: _____ **Season:** (circle one) Winter Spring Summer Fall

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____STATE: ____ ZIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

TEAM NAME: _____ E-MAIL ADDRESS: _____

You will be emailed the schedule when it's completed so please write your email address clearly.

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. **Skill level highest to lowest is A, B, C**

Tuesdays Womens:

6's A _____ 6's B _____

6's C _____

Thursdays Women Quads:

A _____

B _____

Wednesdays Reverse Co-Ed Quads:

A _____

B _____

Thursdays Co-Ed 6's:

B _____

C _____

Scheduling Requests:
Please email mzimmerling@carmichaelpark.com all schedule requests. Matthew will reply to your email as confirmation he has received your schedule request. Schedule requests are not guaranteed. No schedule requests for playoffs.

Payment:
Registration Per Team: $220 (Resident) $230 (Non-Resident)
Residency determined by manager's address. Please call 483-7826 for more information.

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

Account Number: _____ Exp. Date: _____ CVV: _____

Phone Registration:
Pay with a credit card over the phone by calling the La Sierra Recreation Office (916) 483-7826.

Registration Deadline: Please check our website at www.carmichaelpark.com for updated dates.

Office Use Only Office Receipt Number: _____