

Carmichael



RECREATION AND
PARK DISTRICT

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

<u>2024</u>	Winter	Spring	Summer	Fall
--------------------	--------	--------	--------	------

FIRST NAME: _____ LAST NAME: _____

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

PRIMARY PHONE: _____ SECONDARY PHONE: _____

TEAM NAME: _____ E-MAIL ADDRESS: _____

Yes, I want to receive the monthly email newsletter from Carmichael Recreation & Park District with information on upcoming community events, programs and classes.

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 – Leagues may be combined based on # of teams.**

Tuesdays Womens:

6's A _____

6's B _____

Thursdays Women Quads:

A _____

B _____

Wednesdays Reverse Co-Ed Quads:

A _____

B _____

Thursdays Co-Ed 6's:

B _____

C _____

Scheduling Requests:

Please email Tyler at ttulowitzki@carmichaelpark.com all schedule requests. Tyler 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: \$275 (Resident) \$288 (Non-Resident)
Residency determined by manager's address. Please call 483-7826 for more information.

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

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

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

Register Online:



Recpro.carmichaelpark.com

Office Use Only

Office Receipt Number: _____