



Check ____ Cash ____

Parks & Recreation Department
409 North Calhoun Street
West Liberty, Iowa 52776
(319) 627 – 3131

Registration Deadline: Aug. 30th

Volleyball

Registration Form

Team Name: _____ **Date:** _____

Manager: _____

Address: _____

Phone: (____) _____ (H)

(____) _____ (W)

E-mail: _____

**please provide an email so the schedules can be sent out before the start of the season.*

League: Women (Fall)
(Please Check One)

Coed (Winter)

Team Roster (max. 12 players):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did your team participate in the league last season? Yes ____ No ____

If so, what was your team last season? _____

Fee: Each team registering for any league will be required to submit a \$150.00 payment with their registration form.

Send to or drop off at address listed above