

# Harbor Hills Recreation Center

101 N Freeman Drive <> Port Washington WI 53074 <> (262) 284-3434

## 2015 VOLLEYBALL ENTRY FORM

Team Name \_\_\_\_\_

Captain/Coach \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Second Contact Name & Phone \_\_\_\_\_

### Leagues Available:

**Monday:** Women's    **Tuesday:** Co-ed

**Wednesday:** Co-ed    **Thursday:** Co-ed (League B+, B)

**Friday:** Co-ed

*NOTE: Volleyball Teams will referee and score their own games.*

*Tentative start times will be 6:30 and 7:45 p.m.*

*Play will begin the week of May 11, 2015, weather permitting.*

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Names of Players on regular roster:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

I hereby submit an entry for Harbor Hills Recreation Center outdoor volleyball league. I certify that I will be acquainted with and will abide by all league rules and regulations, and will acquaint those participating on my team with these rules and regulations. Harbor Hills will not be liable for any injuries.

Signature of Captain/Coach \_\_\_\_\_

NOTE: Entry Fee of \$150.00 must accompany this form and be submitted by May 4, 2015.

Make checks payable to: Harbor Hills Recreation Center

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Amount Paid

Check #/ Cash Date

Staff Initial