

Harbor Hills Recreation Center

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

2017 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 15, 2017, weather permitting.*

First Choice _____

Second Choice _____

Names of Players on regular roster:

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 1, 2017.
Make checks payable to: Harbor Hills Recreation Center

Amount Paid Check #/ Cash Date Staff Initial