



Sheboygan Area School District
 Community Recreation Department
 3330 Stahl Rd P: 459-3773

**Please Print Neatly!!
 Incomplete form NOT accepted.**

Volleyball Leagues

Circle One: **Women's A/B** **Women's C** **COED A/B** **COED C** **H.S. League**

Team Name: _____ Team Name Previous: _____

Name of Manager/Coach: _____

Address: _____ City: _____

Primary Phone: _____ Daytime (Work) Phone: _____

Email Address: _____

Additional Comments: _____

There will no choice of game times. Teams must be available at any of the times advertised.

Team Fee: _____

Individual Fees: _____ (C-C-M)

Max of 4 _____ (Out of town)

Total Paid: _____

Cash Check CC Date filed/By: _____

Player Name (including playing manager)	Address	City	Non-Res.?	Date Added
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

As the manager, I hereby swear all the information given above is correct and that this team will forfeit all of its games and I may be suspended from recreation activities if any of the information is false. As manager, I hereby accept the responsibility of making sure my players are in total understanding of all department regulations and rules governing this sport.

Manager's Signature _____ Date _____