

- Check
- Cash

*Office use only*



**City Of West Liberty**  
Parks and Recreation Department

**Parks & Recreation Department**  
409 North Calhoun Street  
West Liberty, Iowa 52776

# Volleyball

## Registration Form

**Team Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

**League:**            Women (Fall)             Coed (Winter)   
*(Please Check One)*

**Team Roster (max. 12 players):**

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

**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**