

2019 FALL VOLLEYBALL LEAGUE TEAM REGISTRATION

Please check one of the following:

() Returning Team (Winter 2019): _____
(Team name from last season)

() New Team: _____
(Team name)

() Monday Coed Competitive (501F) (12 TEAMS MAX)

() Monday WOMEN A & B Divisions (502F) (12 TEAMS MAX)

() Wednesday Coed Intermediate/Comp. (503F) (12 TEAMS MAX)

() Wednesday WOMEN Intermediate (504F) (12 TEAMS MAX)

Team Manager or Representative:

Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____

EMAIL: (print clearly) _____

Alternate contact person (**REQUIRED**) to be reached if the manager cannot be contacted.

Name: _____

Cell Phone: (____) _____ Work Phone: (____) _____

EMAIL: (print clearly) _____

\$300.00 ENTRY FEE PER TEAM \$48 refund with no forfeits

Registration by email is not allowed.

REGISTER;

Online at www.northvilleparksandrec.org

In person – Township Hall Mon – Fri 8:00am-4:30pm, 44405 Six Mile, SW corner of 6 Mile & Sheldon

Postal mail 700 W Baseline Rd Northville 48167(checks only) Make checks payable to Northville Parks & Rec