



ADULT VOLLEYBALL LEAGUE REGISTRATION FORM

****PLEASE COMPLETE THIS FORM WITH PAYMENT****

CITY OF SANFORD
C/O RECREATION DEPARTMENT
300 N. PARK AVE
SANFORD, FL 32772

CHECK ONE:

FALL SEASON _____ SPRING SEASON _____

CHECK LEAGUE & NIGHT

- MONDAY NIGHT (RECREATIONAL)
- TUESDAY NIGHT (RECREATIONAL)

TEAM NAME: _____ SPONSOR'S NAME: _____

MANAGER'S NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME # _____ CELL # _____ BUSINESS # _____

E-MAIL: _____

ASST. MANAGER: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME # _____ CELL # _____ BUISNESS # _____

ENTRY FEES: (All Checks and Money Orders are payable to: **City of Sanford**)

BY TURNING IN MONEY AND REGISTRATION FORM, I THE UNDERSIGNED, ACKNOWLEDGE THAT MY TEAM INTENDS TO PARTICIPATE AND CANNOT RECEIVE ANY REFUND UNDER ANY CIRCUMSTANCE. I HAVE ALSO RECIVED A TEAM PACKET AND WILL ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY THE CITY OF SANFORD LEISURE SERVICES DEPARTMENT.

SIGNATURE REQUIRED

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League Fee Date: _____ Amount Paid: _____ Cash: _____ Check # _____ M/ O # _____

(Office use only)

RECEIVED BY: _____