

FILL OUT COMPLETELY & RETURN WITH REGISTRATION FEE

(Please check which applies below)

Session I _____ Session II _____ Both _____

CoRec _____ Women's _____ Men's _____

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

*EMAIL ADDRESS: _____

(* All teams must have a working email address)

PHONE: _____ ALT. PHONE: _____

DIVISION OF PLAY:

Women's 2 _____	Men's 2 _____	CoRec 2 _____	Single Match League _____
Women's 4 _____	Men's 4 _____	CoRec 4 _____	Double-Header League _____
Women's 6 _____		CoRec 6 _____	

NIGHT OF PLAY: (Please Circle)

1ST CHOICE SUN. MON. TUES. WED. THURS.

2ND CHOICE SUN. MON. TUES. WED. THURS.

CLASSIFICATION: A _____ B _____ C _____

How did you hear about us:

MPRB website ___ Friend ___ Returning Team ___ Other ___



Team Costs

1 Session / Both Sessions

2's Team - \$130.00

4's Team - \$225.00 / \$430.00

6's Team - \$285.00 / \$545.00

Office Use Only

Date Received: _____

Payment Total: _____

If CC, date run: _____

Receipt #: _____

Return Registration Form To:

The Minneapolis Park & Recreation Board

Attn: Adult Sand Volleyball

2117 West River Road North

Minneapolis, MN 55411

Fax: 612.370.4993

Entry fee must accompany team registration.

Make checks payable to: MINNEAPOLIS FINANCE.

Registration will be accepted in Cash, (1) Check or Credit Card.

Check #: _____ Amount: \$ _____

If paying by credit card please complete below section:

Type of card: _____ (No Discover Card Please)

Credit Card #: _____

Expiration Date: _____

OVER



ADULT CONDUCT DEPOSIT & FORFEIT AGREEMENT

On this date, _____, _____, I agree that my team will not use or have non-rostered players, and/or become involved in unsportsmanlike conduct, defined by the Minneapolis Parks and Recreation Board volleyball league director (i.e. ejection, verbal harassment, disrespecting staff, officials, & opponents).

If my team is in violation of the above condition, I understand that I, team manager, will meet with the MPRB volleyball league director and supervisor to determine the conditions under which my team will be allowed to remain in the league, or if they will be removed from this league.

I further agree there will be a \$22.00 penalty fee per game assessed if my team forfeits a game. An additional fee of \$22.00 is charged for each additional forfeit. This penalty fee is for all forfeits and must be paid before the start of my team's next scheduled contest or my team is not eligible to participate until this request is completed.

Manager's Signature

Date

Team Name (please print)

Credit card deposit ~ please complete below section:

(The below credit card number will not be charged if your team follows the Conduct Fee & Forfeit Agreement)

Type of card: _____(No Discover Card Please)

Credit Card #: _____

Expiration Date: _____

Office Use Only:

Amount Received

Date

Payment Type