



BYRON TOWNSHIP RECREATION 2018 WOMEN'S VOLLEYBALL LEAGUE

The Byron Township Parks and Recreation Department is offering an adult Women's 6 on 6 Volleyball program. The program will consist of 10 league games for the winter session. A new volleyball and shirts will be given to the first place team in each division. Teams will be placed in divisions based on their ability. Teams will play 3 games per match. Time limit will be 60 minutes per match.

Day: Mondays (Recommended Upper/Middle Divisions) Tuesday (Lower Division, Must be Division III)	Age/Eligibility: 18 years old
Dates: January 8, 2018- March 27, 2018	
Cost: \$220 Per Team	
Location: Community Center, 2120 76th Street or Brown Elementary	
Game Times: 6:15pm, 7:15pm, and 8:15pm	
Equipment: All necessary equipment will be provided.	
NOTE: Each team must complete a roster by January 6, 2018.	

REGISTRATION BEGINS: November 6, 2017 **DEADLINE:** December 9, 2017 (\$10 late fee will be assessed after the deadline if space is available)

To Register, Mail/Walk In/Fax In: Mail-in, drop off, or fax your registration form & **full** registration fee to the Byron Township Recreation Department, 2120 76th Street, Byron Center, MI 49315. There will be a \$5 convenience fee for Credit Card transactions.

NOTE: No refunds will be given after the deadline.

Byron Township Recreation | Phone: 616.878.1998 | Fax: 616.583.1220 | Website: byronrec.org | Email: marty@byrontownship.org



2018 Winter Volleyball

TEAM NAME: _____

Manager's Name: _____

Address: _____ **City/State/Zip:** _____

Email address: _____

(Day) Phone: _____ **(Night) Phone:** _____

Assistant Manager's Name: _____

(Day) Phone: _____ **Email:** _____

Please check the appropriate boxes.

<input type="checkbox"/> Upper Division	New Team <input type="checkbox"/> Returning Team <input type="checkbox"/>
<input type="checkbox"/> Middle Division	How many years has your team played together _____
<input type="checkbox"/> Lower Division (Tuesday Night)	How many players played in high school _____ College _____ Rec _____
	Average Team Age _____

Please note: Your division selection is only a request. I will be balancing the divisions to the best of my ability considering scheduling, and level of play. Additionally, I reserve the right to move any team to a different night (Monday or Tuesday) as needed to create competitively balance divisions.

Reminder: \$5 convenience fee to process credit card.

Credit Card # _____ MasterCard / Visa Security Code: _____ Expiration Date: _____

Name on Credit Card: _____ Address: _____

OFFICE USE ONLY: Cash: _____ Check: _____ Amount Paid: _____ Date Paid: _____ Receipt #: _____