



925 W. Grand River Ave.
Phone: (517)546-0693 Fax: (517)546-6018

Adult Volleyball League Entry Form

Team Information: Please print or type all information

Team Name: _____

Manager Name: _____

Mailing Address: _____
Number and street

City: _____ Zip: _____

E-Mail Address: _____
Mandatory to receive standings weekly

Phone: Home _____ Work _____ Ext _____ Fax: _____

Assistant Manager: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Teams will pay a forfeit deposit of \$35, if a team forfeits without contacting the Recreation Department at least 48 hours before their scheduled game, the forfeit deposit will cover expenses for the official and scorekeeper. If a team does not forfeit, the \$35 will be refunded.

<p>Scheduling Requests: include in this space any scheduling requests for the season. Keep in mind these are requests not guarantees.</p> <p>Request: _____</p> <p>_____</p> <p>_____</p> <p>Reason for request:</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>Charge Information: The Howell Recreation Department accepts VISA, MC & Discover. If faxing your team entry, please supply account holder's name, account number and expiration date on a separate sheet.</p>

<p>Office Use Only:</p> <p>Amount Pd. _____ Date Pd. _____</p> <p>Cash _____ Check # _____ Charge _____</p>
