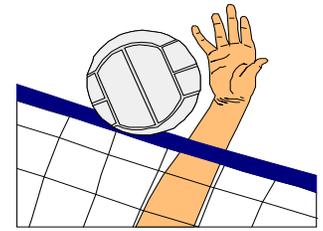




Parks and Recreation Department
1100 Chatham Av Norwalk, IA 50211 515.981.9206



2016 Winter Women's Volleyball League

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, or by mail)

After taking a few weeks off during the holidays, now it is time to get your team back together for a second session of volleyball. Grab a friend, neighbor or family member and enjoy a Sunday evening out on the courts at the Norwalk Middle School. Depending on the number teams registering, there could be two separate leagues offered this session. Each league will be limited to 6 teams. The league will be self-officiating and needs to be registered as a team. It will be the responsibility of the captain to report the scores to the gym supervisor.

Dates

Registration Dates: Dec 14 to Dec 25

Program Dates: Jan 10, 17, 24, 31
Feb 14, 21

Program Times: 6:00pm and 7:00pm

Program Nights: Sunday

Information

Cost: \$34.50 (max 10 players)

Location: Norwalk Middle School

Min/Max: 4/12



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Team Captain's Information:

Team Name: _____

Name: First MI Last

Address:

City, State, Zip: IA

Daytime Phone #: Type:

Evening Phone #: Type:

Cell Phone #: Preference:

Email Address

Player's Name: _____
 Address: _____ Town: _____ Phone: _____

Player's Name: _____
 Address: _____ Town: _____ Phone: _____

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 Address: _____ Town: _____ Phone: _____

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 Address: _____ Town: _____ Phone: _____

Player's Name: _____
 Address: _____ Town: _____ Phone: _____

Player's Name: _____
 Address: _____ Town: _____ Phone: _____

By signing this roster form, participants acknowledge that in this activity there is a risk of injury involved. They in no way will hold the City of Norwalk, Recreation Department, or its staff or volunteers responsible for any injuries that may result as part of participating in this program.

Signature: _____

Activity Information:

Program Registration Fee Late Fee

Additional Comments/Medical conditions (if any):

FOR OFFICE USE ONLY: 440.4500/32.55 2.4561/1.95

PAID _____ CK# _____ CASH _____ By: _____

Credit Card _____ Number _____ Expires _____