



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



Adult Women's Volleyball League

PRE-REGISTRATION REQUIRED

(Register online @ www.ci.norwalk.ia.us, Parks and Recreation office, or by mail)

Join a few friends and organize a team to enjoy the women's only volleyball league. This league will play on Sunday evenings at the Norwalk Middle School. This league will be self-officiating. Please register as a team.

Dates

Registration Dates: Sept 24 to Oct 5

Program Dates: Oct 14, 21, 28
Nov 4, 11, 18

Program Times: 6:15pm and 7:00pm

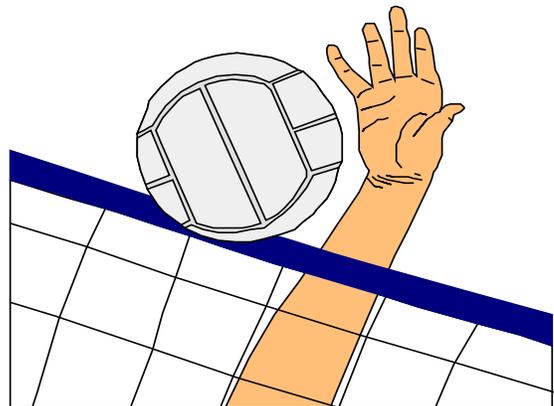
Program Nights: Sunday

Information

Cost: \$34.50 (max 10 players)

Location: Norwalk Middle School

Min/Max: 4/8



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: _____

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

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

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

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

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

Player's Name: _____
 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:

PAID _____ CK# _____ CASH _____ By: _____
 Credit Card _____ Number _____ Expires _____