



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



## 2013 Winter Women's Volleyball League

*PRE-REGISTRATION REQUIRED*

(Register online @ [www.ci.norwalk.ia.us](http://www.ci.norwalk.ia.us), 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.

### Dates

**Registration Dates:** Dec 10 to Dec 21

**Program Dates:** Jan 6, 13, 20, 27  
Feb 3, 10

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

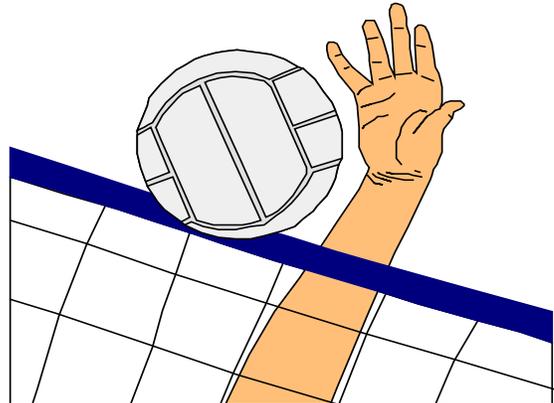
**Program Nights:** Sunday

### 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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Player's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mark which league you would like to play: League A \_\_\_\_\_ League B \_\_\_\_\_

*\*\*We reserve the right to move you to a league of our choice, pending the amount of teams signed up\*\**

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 \_\_\_\_\_