



# 2018 Adult Volleyball Registration Form

**Session:**

**Registration Deadline:**

**League Session Dates:**

**Skip Dates**

Session Three:	Dec. 22, 2017	Jan 4 – Feb 19	none
Session Four:	Feb. 9, 2018	Feb. 22 – Apr. 16	3/12, 3/15, 3/16
Session Five:	Apr. 6, 2018	Apr. 19 – Jun. 11	5/28
Session Six:	Jun. 8, 2018	Jun. 18 – Aug. 3	none
Session One:	Aug. 17, 2018	Aug. 27 – Oct. 15	9/3
Session Two:	Oct. 12, 2018	Oct. 22 – Dec. 14	11/19, 11/22, 11/23

- Monday women's games at O'Reilly-Tefft, Chesterfield and Doling Family Centers. Thursday Coed games at O'Reilly-Tefft and Dan Kinney centers. Friday Coed games at O'Reilly-Tefft and Chesterfield centers. Each team will receive seven (7) matches.
- Special schedule requests will be honored when possible, but cannot be guaranteed.
- All registrations are on a first-come first-serve basis. There are a limited number of team spots available; leagues could fill before the deadline date listed above. TEAMS WILL NOT BE PLACED IN A LEAGUE WITHOUT PAYMENT.**
- Make-up games may be scheduled on non-regular league days.
- Refund requests will be accepted up to the posted deadline date for that session. Approved refunds will be charged a \$10.00 processing fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations. Please describe accommodations needed on the back of this form.

**PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT. (We no longer take payment over the phone)**

<b><u>MAIL your entry form to:</u></b> Springfield-Greene County Park Board Attn: Community Athletics 1923 N. Weller Springfield, MO 65803	<b><u>Register in person:</u></b> Killian Sports Complex 2141 E. Pythian Springfield, MO	<b><u>FAX registration to:</u></b> FAX to (417) 837-5829	<b><u>Register Online @</u></b> <a href="http://parkboard.org">parkboard.org</a>
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Please make checks payable to: **Springfield-Greene County Park Board** and include your Drivers License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration

**(CHECK LEAGUE AND CIRCLE SESSION, YOU WANT TO ENTER BELOW. YOU MAY REGISTER FOR ALL SESSIONS / 24 TEAM MX PER NIGHT)**

<u>League</u>	<u>Session</u>					
_____ \$160.00 / WOMEN'S "A & B" MONDAY	3	4	5	6	1	2
_____ \$160.00 / CO-ED "A & B" THURSDAY	3	4	5	6	1	2
_____ \$160.00 / CO-ED "B & C" FRIDAY	3	4	5	6	1	2

**LEAGUE DIVISION DEFINITIONS**

- "A" or "B" LEVEL- MSHSAA High School rules apply. The LIBERO position is allowed in women's leagues only.
- "C" LEVEL- Technique is not stressed at this level.

**PLEASE CIRCLE:**      A – Top League                      B1 – Top B League                      B2 – Lower B League                      C – C League

TEAM NAME \_\_\_\_\_ MANAGER'S NAME \_\_\_\_\_

MANAGER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
(Email required)

PREVIOUS TEAM AND SESSION #: \_\_\_\_\_

Method of Payment: Cash \_\_\_ Check \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Card # \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security # (on back): \_\_\_\_\_

**(For office use only)**

Amount Paid: \_\_\_\_\_ Reference / Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_