

2023 Adult Volleyball Registration Form Session 2

<u>Session:</u> <u>Registration Deadline:</u> <u>League Session Dates</u>: <u>Skip Dates</u>

Session 2: Oct 6th, 2023 Oct. 23rd - Dec. 15th, 2023 11/20, 11/23, 11/24

- Monday women's games at Dan Kinney Family & O'Reilly-Tefft Centers, Thursday Coed games at Dan Kinney & O'Reilly-Tefft Centers.
 Friday Coed games at O'Reilly-Tefft and Doling 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 PLACE IN A LEAGUE WITHOUT PAYMENT.
- Make-up games may be scheduled on non-regular league days.

Amount Paid:_____

- 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)

MAIL your entry form to: Springfield-Greene County Park Board Attn: Community Athletics 1923 N. Weller Springfield, MO 65803	Register in perso Killian Sports Com 2141 E. Pythian S	plex	FAX registration to FAX to (417) 837-5829		
Please make checks payable to: Springfield-C check. MasterCard, Discover and Visa accepte				nd Place of Employment on the	
(CHECK LEAGUE AND CIRCLE SESSION, Y League	OU WANT TO ENTER	BELOW.) Session			
\$190.00 / WOMEN'S "A & B" MONE	DAY	2			
\$190.00 / CO-ED "A & B" THURSDAY		2			
\$190.00 / CO-ED "B & C" FRIDAY		2			
"C" LEVEL- Technique is not stree 1. "AA" Highest Competitive Level – 2. "A" Competitive – High Level High 3. "BB" Upper Intermediate – High S 4. "B" Intermediate – Possible Some 5. "C" Recreation – Limited experier PLEASE CIRCLE: AA Note Special Request (Not guaranteed):	College Type Skill Leven School/Club or Some chool or Previous Cone High School Experient ce or new to the game	College Level Experingetitive League Experingetitive League Experingetitive BB B	rience, More Competiti C	ve than "B"	
TEAM NAME		MANAGER'S NAME_			
MANAGER'S ADDRESS	c	ITY	STATE:	ZIP	
DAY PHONENIGHT PHONE PREVIOUS TEAM AND SESSION #:				(Email required)	
Method of Payment: Cash Chec	k Visa Mas	terCard Disco	ver Card #		
Signature: Expiration Date:			Security # (or	Security # (on back):	
	(For	office use only)			

Reference / Check Number:_____

Receipt Number:_____