



City of Ames Parks and Recreation Department
2010 FALL COED SAND VOLLEYBALL
Registration & Roster Form



NAME OF TEAM _____

NAME OF MANAGER _____

ADDRESS _____

E-MAIL ADDRESS _____

MANAGER'S PHONE _____

Day

Evening

Cell

Name

Address

Phone

Email

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

LEAGUE LEVEL: 4 on 4 (\$40/team+\$15/NR player)

6 on 6—B League- Tuesday (\$135/team+\$15/NR player)

6 on 6—C+ League- Thursday (\$135/team+\$15/NR player)

6 on 6—C League- Wednesday (\$135/team+\$15/NR player)
(B = Competitive; C+= Semi-Competitive; C= Recreational)

Please list any conflicts that you may have:
(5:45 PM matches won't be considered scheduling conflicts.)

For Office Use Only: *(Paid/By/Date)* _____