

SPRING ADULT



Register

JANUARY 25- FEBRUARY 26

\$160/ TEAM

Volleyball

LEAGUE INFORMATION:

- TEAM SIGN-UP ONLY
- ALL FEES MUST BE PAID AT THE TIME OF REGISTRATION
- MINIMUM OF 6 PLAYERS, MAXIMUM OF 15 PLAYERS ON A ROSTER
- A COMPLETED ROSTER MUST BE TURNED IN AT THE TIME OF REGISTRATION

GAMES WILL BEGIN THE WEEK OF MARCH 15 AT THE COLUMBUS ARMORY. THE LEAGUE IS A 7 MATCH SEASON.

**COLUMBUS PARKS AND RECREATION
739 22ND ST, COLUMBUS, IN 47201
(812)376-2680 | COLUMBUSPARKSANDREC.COM**



Volleyball Roster Form

Circle One: Monday Thursday

Team Name: _____

Manager's Name: _____

Manager's Address: _____

Manager's Phone: (H) _____ (C) _____

Manager's Email: _____

Name	Address	Email	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

Minimum of 6 players and maximum of 15 players on your roster.

Monday: 525200-1A Thursday: 525200-1C

ROSTER MUST BE FILLED OUT COMPLETELY - Incomplete rosters will not be accepted.

Register by:

Mail: PO Box 858, Columbus, IN 47202 (Mail check and roster)

Phone: Fill out this roster and email/fax it to the email/fax number below prior to calling in to register/pay.

(812) 378-2892 (fax) or parks@columbus.in.gov. (812) 376-2680 (phone)

Please do NOT submit your credit card information through any electronic means.