

Carmichael



ADULT VOLLEYBALL INDIVIDUAL PLAYER REGISTRATION

Carmichael Recreation and Park District Office
5750 Grant Avenue Carmichael, CA 95608
Phone: 485-5322 ext. 29 Fax: 485-0805
www.carmichaelpark.com

Year: _____ **Season:** (circle one) Winter Spring Summer Fall

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PRIMARY PHONE: _____ SECONDARY PHONE: _____
E-MAIL ADDRESS: _____

You will be emailed the schedule when it's completed so please write your email address clearly.

Please check the league you wish to enter, indicate first or second choice by numbering choice 1st or 2nd. If there are not enough players registered in your first choice, you will be placed in the second choice.

Tuesdays Womens:

6's A _____ 6's B _____
6's BB _____ 6's CC _____

Thursdays Women Quads:

A _____ BB _____
B _____

Wednesdays Reverse Co-Ed Quads:

A _____
B _____

Thursdays Co-Ed 6's:

B _____
C _____

Individual players will be assigned teams and provided an opportunity to meet with teammates prior to the start of league play. Our 6's leagues will have approximately 8 players and our Quads leagues will have approximately 6 players. The individual player fee below is reflective of the team size. Players will be emailed team information after the individual player registration deadline.

Team Requests:

Please write the name(s) of any player(s) you wish to be placed on a team with:

Payment:

Registration Fee Per Player:

6's League: \$35 (Resident) \$40 (Non-Resident)
Quads League: \$52 (Resident) \$57 (Non-Resident)

Residency determined by player's address. Please call 483-7826 for more information.

Visa: _____ Mastercard: _____ Check#: _____ Cash: _____

Account Number: _____ Exp. Date: _____ CVV: _____

Registration Deadline: Please check our website at www.carmichaelpark.com for updated dates.

Phone Registration:
Pay with a credit card over the phone by calling us at 485-5322 and speak to Sharon at ext. 29.

Office Use Only

Office Receipt Number: _____