

Carmichael



RECREATION AND
PARK DISTRICT

ADULT VOLLEYBALL TEAM 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: _____

TEAM NAME: _____ 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 teams registered in your first choice, you will be placed in the second choice league.

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 _____

Scheduling Requests:

Please email dmalanga@carmichaelpark.com all schedule requests. Dustin will reply to your email as confirmation she has received your schedule request. Schedule requests are not guaranteed. No schedule requests for playoffs.

Payment:

Registration Per team: \$210 (Resident) \$220 (Non-Resident)
Residency determined by manager's address. Please call 483-7826 for more information.

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

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

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

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

Office Use Only

Office Receipt Number: _____