

**CITY OF LONGMONT RECREATION & GOLF SERVICES
TEAM ENTRY FORM – 2019 VOLLEYBALL**

TEAM NAME (required): _____

Manager: _____ Email Address _____

Primary Phone: _____ Secondary Phone: _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Manager: _____ Email Address _____

Primary Phone: _____ Secondary Phone: _____

Address: _____ (City) _____ (State) _____ (Zip) _____

Season registering for:

Winter

Spring

Summer

Fall

Games held at St. Vrain Memorial Building on Sundays starting at 5pm.

This form must be completed and submitted along with the entry fee to be considered fully registered. I understand that the entry fee **will not** be refunded if I fail to enter a team in the above mentioned league. As Team Manager, I am responsible to submit payment in full.

Signature

Date

2019 ADULT VOLLEYBALL FEES

LEAGUE FEE: \$275 (\$305 AFTER EARLY BIRD) \$ _____

DATE RECEIVED: _____

OR PARTIAL FEE: \$142 (\$157 AFTER EARLY BIRD) \$ _____

EXTRA PLAYER FEES (10+ PLAYERS) _____ X \$13 = \$ _____

RECEIVED BY: _____

TOTAL PAID \$ _____