

Greendale Park and Recreation Department
5647 Broad Street
Greendale, Wisconsin 53129
(414) 423-2790

CO-REC VOLLEYBALL MANAGER'S CONTRACT 2019 FALL SEASON

League Night _____

Division _____

Please print all information:

TEAM NAME _____

MANAGER'S NAME _____

MANAGER'S ADDRESS _____
CITY ZIP

Manager's Home Phone: () _____ Alternate Manager Name: _____

Work Phone: () _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

E-Mail: _____ Cell Phone: () _____

E-Mail: _____

SPONSOR'S NAME _____

I, the above named manager, agree to acquaint myself and the members of my team with, and abide by, all rules and regulations of the Greendale Park and Recreation Department. I also understand that the Department has authority to assign all teams to leagues.

Manager's Signature

Date

GREENDALE CO-REC VOLLEYBALL TEAM REGISTRATION FORM FALL 2019

NAME OF TEAM: _____

MANAGER: _____ Home Phone: _____

Address: _____ Work Phone: _____

City _____ Zip _____ Cell Phone: _____

E-mail: _____

ALTERNATE MANAGER _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

	Name	Address	Phone #	Resident/ Non-Res.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Residents: _____ X \$5.00 each = _____

Non-Res: _____ X \$10.00 each = _____

Total Due: \$ _____

LEAGUE NIGHT _____

DIVISION _____