

2016 Coed Volleyball Team Registration

Team Name:	Last Years Team Name:
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Coaches Contact

Coaches Name:	Email:	
Mailing Address:	City & Zip:	
Phone #'s: Home:	Cell:	Work:

Alternate Contact

Name:	Email:	
Mailing Address:	City & Zip:	
Phone #'s: Home:	Cell:	Work:

League Request (Circle one)

1st Division	2nd Division
*Divisions may be combined depending on number of registrations.	

Players List: List all players you plan to have on team. Each player will need to sign the official registration/waiver at your first game.

1 _____	2 _____	3 _____
4 _____	5 _____	6 _____
7 _____	8 _____	9 _____
10 _____	11 _____	12 _____
13 _____	14 _____	15 _____
16 _____	17 _____	18 _____

Return this form and fees to:
Aberdeen Parks and Recreation
200 East Market St.
Aberdeen, WA 98520