



# BYRON TOWNSHIP RECREATION

## 2025 FALL VOLLEYBALL



Team Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Asst. Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your first (1) and second (2) choice for league play. Every effort will be made to place you in the night of your request. Only 9 teams will be taken for each division.

<u>NIGHT</u>	<u>START DATE</u>	<u>DIVISION</u>	<u>SKILL</u>	<u>CHOICE</u>
MONDAY	October 13, 2025	Women's Upper	above average / competitive	_____
MONDAY	October 13, 2025	Women's Middle 1	average / above average	_____
TUESDAY	October 14, 2025	Women's Middle 2	below average / average	_____
TUESDAY	October 14, 2025	Women's Lower	recreation / little experience	_____
WEDNESDAY	October 15, 2025	Coed	varies	_____

**REGISTRATION FEE:** \$220 per team  
+\$5.00 convenience fee when paying with a card (\$225.00)

**REGISTRATION BEGINS:** Monday - September 8, 2025 (*First come, first serve basis*)

**TO REGISTER:** Email to Kenzie or drop off completed **registration form & full registration fee** to the Byron Township Recreation Department (2120 76th Street, Byron Center, MI 49315.)

**GAMES WILL BEGIN:** The week of October 13, 2025  
Monday, November 3—NO GAMES (Elections)  
Tuesday, November 4—NO GAMES (Elections)  
Wednesday, November 26—NO GAMES (Thanksgiving)

Each division will have 9 teams & each team will play 8 games.

**GAME TIMES:** 6:00PM, 7:00PM, 8:00PM, 9:00PM  
**ROSTERS ARE DUE:** Friday - October 31, 2025

**Phone:** 616-878-1998 | **Email:** [kenzie@byrontownship.org](mailto:kenzie@byrontownship.org)  
**Website:** [www.byrontownshiprec.org/volleyball](http://www.byrontownshiprec.org/volleyball)

PLEASE FILL IN ALL THE INFORMATION BELOW COMPLETELY :

Indicate if this is a Returning or New Team:      Returning Team                      New Team

How many years has your team played together \_\_\_\_\_

How many players played in:      High School \_\_\_\_\_      College \_\_\_\_\_      Rec \_\_\_\_\_

Average Team Age \_\_\_\_\_

Written Summary of your team's abilities.

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**MANAGERS:** Please tell your teams that ALL league information - game schedule, cancellations, game changes, etc. will be communicated via email to all managers & assistant managers (if listed). It is your responsibility to pass along any information to your team that is necessary. All game schedules and results can be found on our website: [www.byrontownshiprec.org/volleyball](http://www.byrontownshiprec.org/volleyball). Any cancellations or changes will also be posted to our website and our Facebook page! ***Any score discrepancies or issues that occur must be reported by the team manager.***

**Statement of Acknowledgement:**

I agree to play by the rules, regulations, policies and procedures of the Byron Township Recreation Department Women's Volleyball program. I also agree to take the responsibility to inform all my players of the rules, regulations, policies and procedures. ***I understand that all players must be 18 years old or older to participate.***

\_\_\_\_\_  
Manager's or Team Representative's Name Printed

\_\_\_\_\_  
Manager's or Team Representative's Signature

(**Note:** There is a \$5 convenience fee for credit card transactions)

Credit Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Name on card: \_\_\_\_\_