



# BYRON TOWNSHIP RECREATION

## 2023 WINTER WOMEN'S 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 7 teams will be taken for each division.

<u>NIGHT</u>	<u>START DATE</u>	<u>DIVISION</u>	<u>SKILL</u>	<u>CHOICE (1 &amp; 2)</u>
MONDAY	January 9, 2023	UPPER	above average / competitive	<u>FULL</u>
MONDAY	January 9, 2023	MIDDLE 1	average / above average	<u>FULL</u>
TUESDAY	January 10, 2023	MIDDLE 2	below average / average	_____
TUESDAY	January 10, 2023	LOWER	recreation / little experience	_____

**Registration will be first come, first serve.**

**REGISTRATION FEE:** \$185 per team +\$5.00 convenience fee when paying with a card (\$190.00)

**REGISTRATION BEGINS:** Monday - November 28, 2022 (*First come, first serve basis*)

**REGISTRATION DEADLINE:** Friday - December 16, 2022 There is limited space, spots will not be held and we will not accept late registrations, so make sure you sign up as soon as possible to ensure a spot.

**TO REGISTER:** Mail-in, email, or drop off your completed registration form and payment. If you are emailing your registration form, please **wait for a confirmation email before calling** so we can honor the first come first serve policy. Checks can be made out to Byron Township Recreation.

**GAMES WILL BEGIN:** The week of January 9, 2023  
Each team will play 7 games and have 3 BYE weeks.

**GAME TIMES:** 6:00pm, 7:00pm, 8:00pm  
**ROSTERS ARE DUE:** Friday - January 20, 2023

**Phone:** 616-878-1998 | **Email:** [dfrancoeur@byrontownship.org](mailto:dfrancoeur@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

\*If returning, list your team name(s): \_\_\_\_\_

Indicate the skill of your team:

No experience | Recreational | Below Average | Average | Above average | Competitive

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: \_\_\_\_\_

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

**OFFICE USE ONLY:**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_