



# BYRON TOWNSHIP RECREATION

## 2022 FALL ADULT COED 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 5 teams will be taken for each division.

<u>NIGHT</u>	<u>START DATE</u>	<u>DIVISION</u>	<u>SKILL</u>	<u>CHOICE (1)</u>
WED.	November 9, 2022	COED 6's	rec / average	_____

\*This is our first indoor coed 6's league. The intention behind this mini-league is to gauge interest in the community and potentially make it regularly programming and expand on it. We will only run the league if we have all 5 teams.

**Registration will be first come, first serve. In order to secure a spot, you must pay the entire registration fee at the time of registering. No spots will be held.**

**REGISTRATION FEE:** \$100 per team +\$5.00 convenience fee when paying with a card (\$105.00)

**REGISTRATION BEGINS:** Monday - October 17, 2022 (*First come, first serve basis*)

**REGISTRATION DEADLINE:** Friday - October 28, 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 completed **registration form & full registration fee** to the Byron Township Recreation Department (2120 76th Street, Byron Center, MI 49315.)

\*If mailing registration - please be sure to allow for the delay, we will not accept late registration even if you mailed in before the deadline. Once received we will process and email you a copy of your receipt.

**GAMES WILL BEGIN:** November 9—December 14, 2022  
Wednesday, November 23—NO GAMES

Each team will play 4 games. Each division will have 5 teams. Everyone will have one bye week.

**GAME TIMES:** 6:00pm, 7:00pm  
**ROSTERS ARE DUE:** Friday - November 11, 2022

**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 the skill of your team:

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

\*If played in other leagues, where: \_\_\_\_\_

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 Coed 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 #: \_\_\_\_\_