



BYRON TOWNSHIP RECREATION

2023 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 7 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 16, 2023	Women's Upper	above average / competitive	_____
MONDAY	October 16, 2023	Women's Middle 1	average / above average	_____
TUESDAY	October 17, 2023	Women's Middle 2	below average / average	_____
TUESDAY	October 17, 2023	Women's Lower	recreation / little experience	_____
WEDNESDAY	October 18, 2023	Coed	varies	_____

REGISTRATION FEE: \$160 per team +\$5.00 convenience fee when paying with a card (\$165.00)

REGISTRATION BEGINS: Monday - September 11, 2023 (*First come, first serve basis*)

REGISTRATION DEADLINE: Friday - October 6, 2023 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: 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 16, 2023
 Monday, October 30—NO GAMES (Halloween)
 Tuesday, October 31—NO GAMES (Halloween)
 Wednesday, November 22—NO GAMES (Thanksgiving)

Each division will have 7 teams & each team will play 6 games.

GAME TIMES: 6:00PM, 7:00PM, 8:00PM
ROSTERS ARE DUE: Friday - November 3, 2023

Phone: 616-878-1998 | **Email:** kenzie@byrontownship.org
Website: 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): _____

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.

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. 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: _____