



**NEW BERLIN RECREATION DEPARTMENT  
ADULT WOMENS VOLLEYBALL TEAM REGISTRATION FORM  
REGISTRATION DEADLINE: FRIDAY, SEPTEMBER 6, 2019**

TEAM NAME \_\_\_\_\_ RETURNING TEAM (CHECK)

PRIOR TEAM NAME *(If different than last year)* \_\_\_\_\_

CURRENT SPONSOR \_\_\_\_\_

SPONSOR ADDRESS \_\_\_\_\_  
(STREET) (CITY) (ZIP)

MANAGER'S NAME \_\_\_\_\_

MANAGER'S ADDRESS \_\_\_\_\_  
(STREET) (CITY) (ZIP)

TELEPHONE NUMBER (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

MANAGER'S E-MAIL (Important: For all correspondence!) \_\_\_\_\_

Dates: Wednesdays, September 18 – November 20 (9-10 weeks depending on tournament participation)

Times: 6:00-9:00pm

Location: Ronald Reagan Elementary School Gym, 4225 S Calhoun Road, New Berlin, WI 53151

**Notification of acceptance into the league will be emailed to team managers.**

---

**(FOR OFFICE USE ONLY)**

**Class #:6668**

**TEAM FEE: \$245.00**

**TOTAL NUMBER OF PLAYERS** \_\_\_\_\_

**RESIDENT FEES @ \$ 13.00** \_\_\_\_\_

**TOTAL FEES \$** \_\_\_\_\_

DATE \_\_\_\_\_ BY \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_ AMOUNT \_\_\_\_\_