



New Berlin Recreation Department
ADULT WOMENS VOLLEYBALL TEAM REGISTRATION FORM
REGISTRATION DEADLINE IS: THURSDAY, SEPTEMBER 6, 2018

City of New Berlin

TEAM NAME _____ Check if returning team

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 Address (Important: For all correspondence!) _____

Dates: Wednesday's. September 26 – November 21 (9 weeks)

Times: 6:00 -9:00pm

Location: Poplar Creek School, 17401 W. Cleveland Ave., New Berlin, WI 53146

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

(FOR OFFICE USE ONLY)

Class #: 6093

TEAM FEE: \$245.00

TOTAL NUMBER OF NON RESIDENTS _____ NON RESIDENT FEES @ \$22.00 _____

TOTAL NUMBER OF RESIDENTS _____ RESIDENT FEES @ \$ 12.00 _____

TOTAL FEES \$ _____

DATE _____ BY _____ AMOUNT _____ DATE _____ BY _____ AMOUNT _____