

Sand Volleyball Registration Form

Captain Name _____ Team Name _____

E-Mail _____ Phone Number (____) ____ - _____

Team Member Names	Team Member Names
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.

If there are enough teams we will do a competitive league and a rec league for each night.

Circle one	
Tuesday Night Competitive	Thursday Night Competitive
Tuesday Night Rec.	Thursday Night Rec.

\$150 Per Team

If there is any way we can accommodate your team to ensure you get to play every week please let us know below. Your requests are not guaranteed every week, but we will try our best!

Earlier Games _____ Other: _____

Later Games _____

Bye week Specific _____

If there are bye weeks

Method of Payment: Cash _____	Check # _____	<div style="border: 1px solid gray; padding: 5px; background-color: #f0f0f0;"> For Office Use Only (Processed) Ints: _____ Date: _____ </div>
	<small>(Payable to <i>Big Foot Recreation</i>)</small>	
Credit Card (circle one)	Card Number: _____	
Exp. Date: _____ CVC#: _____	Cardholder's Name: _____	
Signature: _____		