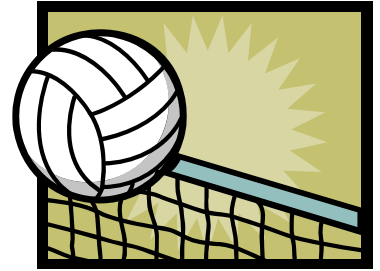


Holmen Park & Recreation Department



Sign-up by October 9th for the...

Winter Adult Co-Rec Volleyball League 2015-2016



(3 men & 3 women on the court, NO REFS)

Wednesday Nights
At Holmen Middle School
Gym A (2 Courts) & Gym B (1 Court)
3 Courts - 24 Teams (8-A, 8-B, 8-C)

- Dates:** November 4, 2015 – March 2, 2016
- Divisions:** 3 Divisions offered: 8-A teams, 8-B teams, 8-C teams
- Game times:** 6:00 pm, 7:00 pm, 8:00 pm, & 9:00 pm
- Entry fee:** \$80 per team (no player fees)
Cash, Check, Credit Cards accepted
- Roster:** Roster limited to 12 people
- Register by:** **LAST YEARS TEAMS HAVE UNTIL OCTOBER 9TH TO RETAIN THEIR SPOT (fee must be paid).**

DEADLINE FOR NEW TEAMS IS OCTOBER 9TH

- Priority Given to last year's teams, then by the order new teams registered (fee must be submitted also).

Holmen Parks & Recreation
PO Box 158 (mail)
421 S. Main St.
Holmen, WI 54636

(608) 526-2152 (office)
www.holmenwi.com/holmenpr
[Facebook.com/holmenpr](https://www.facebook.com/holmenpr)





**HOLMEN PARK & REC. VOLLEYBALL
2014-2015 OFFICIAL TEAM ROSTER**

Rosters must be turned in to the
Park & Rec. Office by:
Wed., November 5

NAME OF TEAM: _____ RATING (Circle): A (competitive) B (semi-competitive)
C (recreational)

TEAM MANAGER: _____ PHONE #: (HOME) _____ (CELL) _____

ADDRESS: _____ CITY: _____ ZIP: _____ EMAIL: _____

OFFICIAL PLAYER ROSTER

LEAGUE FEE PAID (\$80)		DATE PAID	
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NAME	ADDRESS	CITY	PHONE	SIGNATURE	DATE OF REG.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

LEAGUE FEE: \$80.00 NO PLAYER OR NON-RESIDENT FEES FOR VOLLEYBALL LEAGUE

- ◆ **ONLY PARTICIPANTS REGISTERED ON THE OFFICIAL TEAM ROSTER ARE ELIGIBLE TO PLAY. MUST BE DONE PRIOR TO ANY PARTICIPATION!**
- ◆ **ALL TEAM FEES MUST BE PAID PRIOR TO FIRST GAME.**
- ◆ **PARK & REC STAFF RESERVES THE RIGHT TO PLACE TEAMS IN DIVISIONS BASED ON PREVIOUS YEARS RESULTS OR WHAT IS DEEMED AS APPROPRIATE FOR THE LEAGUE.**
- ◆ **PLEASE KEEP GAMES IN PERSPECTIVE, OUR MAIN GOAL IS TO HAVE FUN!**

READ CAREFULLY: As manager/representative of the above stated volleyball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this years volleyball league sponsored by the Village of Holmen Park & Recreation Department. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the stated activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the tournament. (This also involves going to site/leaving for home during the dates of the tournament. **No Accident insurance is provided through the Village of Holmen.**

SIGNATURE OF TEAM MANAGER/REP.: _____ DATE: _____