

**TALLAHASSEE PARKS, RECREATION AND NEIGHBORHOOD AFFAIRS
TEAM ATHLETIC INFORMATION SHEET
2011 LADIES ADULT VOLLEYBALL**

TEAM NAME: _____

MANAGER: _____

PHONE: W _____ H _____ C _____

E-MAIL ADDRESS _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

Check NEW TEAM

ONE

Rosters are due at the time of registration

RETURNING

5 players = returning team

TEAM

Please check one:

Friday ONLY 8 game schedule(\$187)	<input type="checkbox"/>
16 game schedule (\$374)	<input type="checkbox"/>

Circle Choice of League: League A League B League C

Team Name Last Year: _____

League # Last year: _____ Record Last Year: _____

Note: Tallahassee Parks, Recreation & Neighborhood Affairs Department will place teams in league groupings for scheduling purposes. TPRNA will make the final determination on level of play for each team.

Comments: _____

FOR OFFICIAL USE ONLY

TEAM ENTRY FEE PAID: \$ _____ RECEIPT # _____

PAID BY CHECK # _____ CASH _____

DATE PAID _____