



2018 Sand Volleyball Program



TEAM REGISTRATION FORM

TEAM INFORMATION- PLEASE PRINT CLEARLY

TEAM NAME _____

CAPTAIN/COACH NAME _____

PHONE # _____ E-MAIL: _____

Please check here if you would not like to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

PHYSICAL ADDRESS _____ CITY _____ ST _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____
(if different)

SESSION SELECTION

Select your Session*: June 7- August 23

REQUESTS* (Requests are granted at the discretion of the league administrator)

*Scheduling requests must be received before the registration deadline and an effort will be made to meet all requests whenever possible. Any requests submitted after the deadline may not be considered.

PAYMENT INFORMATION

Payment Amount: \$ _____ Team Entry (\$125) Late Fee (\$25) (No player fees)

Due by May 25, 2018

Payment Type: Cash Check Credit Card (MC or Visa) Confirmation Letter from Sponsor

Credit Card #: _____ Exp: _____ Verification Code (3 digit): _____

Signature _____

Sponsor _____ Address _____

Don't forget to submit your team roster and Player Contracts by the deadline.