



2019-20 Women's 6-Hit Volleyball Program



TEAM REGISTRATION FORM

TEAM INFORMATION

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

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEAGUE/DIVISION SELECTION

Select your League*: Women's 6 Hit

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

PAYMENT INFORMATION

Payment Amount: \$ _____ League Fee (\$400) **Deadline November 1, 2019**

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.
Thursday November 1, 2019**