

*** PLEASE PRINT CLEARLY ***

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Fall 2020
GREATER ELIZABETHTOWN AREA RECREATION & COMMUNITY SERVICES
Coed Sixes Volleyball League

TEAM NAME _____ Check the division you wish to play in 1 2
TEAM CAPTAIN _____ ALT. TEAM CAPTAIN _____
Home Phone # _____ Work Phone # _____ Home Phone # _____ Work Phone # _____
E-mail Address _____ Email Address _____

	<u>NAME</u>	<u>COMPLETE ADDRESS - with Zip Code</u>	<u>PHONE #</u>	<u>TOWNSHIP/BORO</u>
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15				

Please Note:

- Minimum 6/Maximum 15 player roster
 - Registration Fee: **\$220/team**
 - Non-Resident Fee: **\$20/team**; only if **over 50% of your team** lives outside of E-town Boro, Mt. Joy Twp, or West Donegal Twp.
- Make checks payable to: **GEARS** Due Date: **Friday, August 28th**
- Individuals must provide their own accident insurance.

Please list any team preferences to be considered during scheduling: _____