



**Englewood Recreation Center**

1155 W Oxford Ave.

Englewood, CO 80110

Phone: (303) 762-2694 sstant@englewoodco.gov

## Summer High School Volleyball Team Application

**League Requested:**

Select one. One application per team.

- Tuesday Girls Varsity
- Wednesday Boys
- Thursday Girls JV/Freshman

**Returning Team:**             Yes             No

**Team/School Name:** \_\_\_\_\_

School Address \_\_\_\_\_

City / Zip \_\_\_\_\_

**Coach Name:** \_\_\_\_\_

Best Phone \_\_\_\_\_

Email \_\_\_\_\_

**Asst. Coach Name:** \_\_\_\_\_

Best Phone \_\_\_\_\_

Email \_\_\_\_\_

**Office Use Only**

**Amount Paid:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payment:** \_\_\_\_\_

**Initials:** \_\_\_\_\_