



Puyallup Parks & Recreation Adult Coed Volleyball - Fall 2018 Team Registration

The City or any third party that uses city property or facilities, or is required to obtain a permit, license or other form of approval from the City for a community athletics program, or participates in a community athletics program shall not discriminate against any person on the basis of sex or any other basis protected by federal or state law.

Registration Dates:

Monday, July 16

Open to returning teams

Monday, July 23

Open to all

Sunday, September 2

Last day to register and turn in schedule requests

League Dates: September 16 - November 18

Games: 16

All games are played as double headers

This is a self officiated league

Sundays at the Puyallup Recreation Center

Fee: Non Resident \$275

Resident Discount: \$250

Requirements to be considered a resident team:

More than 50% of the team's players must be City of Puyallup residents, OR, teams must be sponsored by a City of Puyallup business.

No registration will be accepted without full payment.

Rosters must have a minimum of 6 players (3 men & 3 women) and must be turned in by your first game.

Schedules will be emailed to the coaches the week of September 4-7.

LEAGUE PREFERENCE

Recreation Division

Game times 9am - 1pm. Players playing for fun and recreation with limited skills.

Intermediate Division

Game times 1pm - 5pm. Teams playing for fun and exercise with some skilled players.

Competitive Division

Game times 5pm - 9pm. Competitive, skilled players with experience.

TEAM NAME:

_____ Resident Team _____ Non Resident Team

Resident through a City business sponsor payment _____
Resident by attached roster (51% living in City limits) _____

COACH INFORMATION

Name _____

Address _____

City _____ Zip _____

Cell # _____

Other # _____

Email _____

Email is used for league communication

SPECIAL REQUESTS

If your team has a special request for game times please write them below. No special requests will be accepted after **Sunday, September 2**. We will do our best to accommodate special requests but can't guarantee that all will be made.

Do not write below this line – for office use only

DATE _____ RECEIPT # _____ AMOUNT _____ BY _____

