

ADULT VOLLEYBALL TEAM REGISTRATION FORM

Email completed form to parks@talbotcountymd.gov. Submit online registration and payment at talbotcountymd.myrec.com/info

Team Name	:	Team Captain :
Email	:	
Company (i applicable)	•	
Captain Pho	one :	Co-Captain : Phone
PLAY	'ER	INFORMATION
NO.		NAME
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
L) I am r	espo	aptain I understand that: onsible for payment of the team registration fee. Turning ons NOT constitute complete registration without paymen

- this form does NOT constitute complete registration without payment.
 2) I (or team representative) am responsible for attending 1 captain's meeting to be held on October 21st at 6pm (location TBD).
 3) I am responsible for organizing 2 volunteers (one scorekeeper/ one
- ref) each week.
- 4) Only players listed on the roster will be permitted to participate. I have at least 3 females on my roster.

Team Captain Signature	Date