



VOLLEYBALL TEAM REGISTRATION FORM

Team Name _____

Last Year's Team Name _____

Manager's Name _____

Manager's Address _____

City _____ Zip _____ Hm Phone _____

Email _____ 2nd Phone _____

Please Designate League:

Thursday Recreation

Tuesday Intermediate

Tuesday Competitive

Bloomington Parks, Recreation & Cultural Arts
 115 E Washington St. Suite 103
 Bloomington, IL 61701
 Phone: 309-434-2260 Fax: 309-434-2483

Charge Information -

VISA, MasterCard, and Discover Only.
 Not necessary if paying by check or cash.



Credit Card Number	Expiration Date
Card Holder (<i>print name</i>)	Payment Amount
Authorized Signature	V-Code on back