



## 2022 Co-Rec Winter Volleyball Adult League Registration Form

**Please complete all information on this form.**

Team Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Team Representative #1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (for Text Alerts): \_\_\_\_\_ Work/Home: \_\_\_\_\_

Email: \_\_\_\_\_

Team Representative #2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (for Text Alerts): \_\_\_\_\_ Work/Home: \_\_\_\_\_

Email: \_\_\_\_\_

### **Division Preference:**

Teams will be assigned to divisions based on the information provided on this form. If information is left blank, League Directors will assume the player/team has upward mobility concerning divisional placement. Indicate your team's ability below. Teams will be grouped into divisions with teams of similar ability. Number of divisions may vary from what is shown, due to registration.

1 - Excellent Team Ability

2 - Very Strong Team Ability

3 - Strong Team Ability

4 - Good Team Ability

5 - Average Team Ability

6 - Below Average Team Ability

7 - Weak Team Ability

8 - Poor Team Ability

9 - Very Poor Team Ability

10 - Novice/Starters

### **Last Year's Team Information:**

Did not play last year

Played last year (please fill out Information below)

Team Name: \_\_\_\_\_

Last Year's Division: \_\_\_\_\_ Number of Returning Players: \_\_\_\_\_

### **Scheduling Requests:**

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## **Team Roster Form:**

**\* Experience Status\*:**

**A – Pro Ball or Major College (4 yrs.)**

**B – Jr. College Starter**

**C – High School Starter/ Jr. College Non-Starter**

**D – High School Varsity Starter**

**E – High School Varsity Non-Starter**

**F – Below High School Varsity Non-Starter**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

7. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

8. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

9. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

10. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

11. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

12. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

13. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_

14. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Provider (Txt Alerts): \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Exp: \* \_\_\_\_\_ \*

E-Mail Address: \_\_\_\_\_



**SPONSORSHIP FORM FOR ADULT SPORTS**

**COMPANY/ORGANIZATION INFORMATION:**

Name of Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

**TEAM INFORMATION:**

League/Sport: \_\_\_\_\_

Team Rep: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ agrees to sponsor \_\_\_\_\_ for the amount of \$\_\_\_\_\_.

(Company Name)

(Team Name)

**PAYMENT INFORMATION (Please check appropriate box):**

Please confirm sponsorship by the end of the early registration period. Payment is due 10 days prior to the start of the season. Please send payment with this form or mail this form with the appropriate box checked below:

Payment included, check or money order, made payable to **City Treasurer**.

Will pay over the phone with a credit/debit card.

Confirmation only, payment will be made at least 10 days prior to the start of the season

**PLEASE RETURN THIS FORM VIA MAIL OR E-MAIL:**

**Kiwanis Community House**

4603 Lions Park Drive

Cheyenne, Wyoming 82001

Phone: (307) 637-6423, Email: [kchfrontcounter@cheyennecity.org](mailto:kchfrontcounter@cheyennecity.org)