



2022 Fall Volleyball Adult League Registration Form

Please complete all information on this form.

Team Name: _____ Sponsor: _____

Team Representative #1:

Address: _____ City: _____ ST: _____ Zip: _____

Cell Phone: _____ Work/Home: _____ Email: _____

Team Representative #2:

Address: _____ City: _____ ST: _____ Zip: _____

Cell Phone: _____ 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 1st and 2nd choice for the division you can compete in, not just win.** Number of divisions may vary from what is shown, due to registration.

Men's Team

Women's team

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

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:

(All efforts will be made to accommodate requests; however, requests are not guaranteed.)

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