



## 2024 Co-Rec Winter Volleyball

<u>League Registration:</u>	October 30, 2023 – December 14, 2023 Late Registration: December 15, 2023 – December 28, 2023 Register at the Kiwanis Community House (4603 Lions Park Drive) office hours are Monday-Friday, 7:30am-4:30pm. You can also register online at <a href="http://cheyennerec.org">cheyennerec.org</a> .
<u>Fees:</u>	\$450/team \$60/Individual \$50 late fee for any team registrations past December 14, 2023 Checks should be made payable to " <u>City Treasurer</u> " <b>Team fees must be paid in full at time of registration or provide a completed sponsor form.</b>
<u>Team Representatives:</u>	Team Rep meeting will be Thursday, January 11, 2024. Time of the meeting is 6:00pm. Meeting is mandatory to pick up team schedules and go over rules and general information.
<u>Meeting Location:</u>	Youth Activity and Community Center (1317 Parsley Blvd).
<u>Game Location:</u>	TBD Games will be played Mondays – Thursdays.
<u>League Start:</u>	Monday, January 22, 2024. 10 games are guaranteed.

I look forward to the 2024 Winter Co-Rec Volleyball Season and hope you do too!

**Remember to use [Cheyennerec.org](http://Cheyennerec.org) for all league information.**

If you have questions, please feel free to contact me.

Harley Tekerman  
307-637-6408  
[htekerman@cheyennecity.org](mailto:htekerman@cheyennecity.org)

*The mission of the Recreation Division is to enrich the quality of life through providing cost-effective opportunities for recreational activities, focusing on life-long wellness through exceptional programs, activities, and events for all ages in the community.*



## 2024 Co-Rec Winter Volleyball 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 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

### **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 attempts will be made to accommodate requests; however, requests are not guaranteed.)

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## Team Roster

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Shirt Size: \_\_\_\_\_



## ADULT SPORTS SPONSORSHIP FORM

### COMPANY/ORGANIZATION INFORMATION:

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

Sponsor Contact Name: \_\_\_\_\_

Sponsor 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.):

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

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

Commitment of sponsorship.

- Please confirm sponsorship by the end of the early registration period. Payment is due 10 days prior to the start of the season
- Email Form to Harley Tekerman at [htekerman@cheyennecity.org](mailto:htekerman@cheyennecity.org).
- Payment can be made by calling (307) 637-6423 (email form to League Director), mailing a check or money order with form to KCH, or the Team Representative can deliver the form to KCH with payment.
- **Form will not be accepted without Sponsor signature or email confirmation from sponsor.**