



## 2025 Co-Rec Winter Volleyball

<u>League Registration:</u>	October 7, 2024 – November 21, 2024 Late Registration: November 22, 2024 – December 5, 2024 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 November 21, 2024 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 time and date is TBD and league director will contact you after registration ends. The meeting is mandatory to pick up team schedules and go over rules and general information.
<u>Meeting Location:</u>	Beast Facility (2900 Sunflower Rd).
<u>Game Location:</u>	Beast Facility and Youth Activity Community Center. Games will be played Mondays – Thursdays.
<u>League Start:</u>	Monday, January 13, 2025. 10 games are guaranteed.

I look forward to the 2025 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.*



## 2025 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: If no 2nd representative, put N/A.

\_\_\_\_\_  
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.

- 1 - Excellent Team Ability     2 - Very Strong Team Ability     3 - Strong Team Ability  
 4 - Good Team     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.)

\_\_\_\_\_  
\_\_\_\_\_

## 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.**