



2025 Fall Volleyball

Welcome to the 2025 Men's & Women's Fall Volleyball Leagues!

<u>League Registration:</u>	June 2, 2025-July 17, 2025 Late registration ends July 31, 2025 Register at the Kiwanis Community House (4603 Lions Park Drive), Hours are Monday-Friday, 7:30 am-4:30 pm. You can also sign up online at Cheyennerec.org
<u>Fees:</u>	\$450/team \$60/Individual \$50 late fee for teams registering past July 31, 2025. Checks should be made payable to " <u>City Treasurer</u> ." Team fees must be paid in full at time of registration or provide a signed sponsor form.
<u>Team Representatives Meetings:</u>	TBA
<u>Meeting Location:</u>	Beast Facility (2900 Sunflower Rd)
<u>Game Locations:</u>	Beast Facility or Youth Activity & Community Center (1317 Parsley Blvd.)
<u>Season:</u>	Monday, August 25, 2025 10 games guaranteed plus a Single Elimination Tournament

Please complete all information on the registration form, or it will not be accepted.

I look forward to the start of the 2025 Fall Volleyball Season and hope that you do as well!

Remember to use Cheyennerec.org for all league information.

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

Harley Tekerman
307-637-6408
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 Fall Men's and Women's 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

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: _____