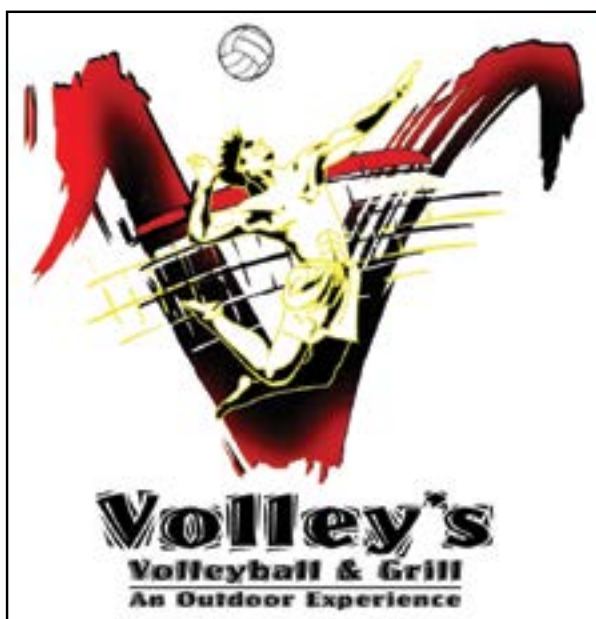


DIVE INTO FALL

7 WEEK 2017 FALL VOLLEYBALL SEASON



Call 255-1111 ext. 319 to register now! Or sign up online at www.volleysdm.com

Early Bird Pricing Ends August 11th

6's Early Bird Registration \$229

4's Early Bird Registration \$179

2's Mens Early Bird Registration \$119

*See back page for regular registration pricing

Please sign up for your appropriate skill level to keep our leagues at equal competition.

Beginner - For new players and totally fun teams. The most "beginner" type of skill levels.

Recreational - For players whose skills have progressed beyond that of the beginner level and have reasonable knowledge of the rules.

Intermediate - For higher skilled players/teams. Players at this level have good fundamentals in most aspects of the game

Fall Leagues begin August 27th!

ADULT LEAGUES (Age 18 or older)			
DAY	START DATE	FORMAT	SKILL LEVEL
Sunday	August 27th	Co-ed 4	Intermediate
Sunday	August 27th	Co-ed 6	Beginner
Sunday	August 27th	Co-ed 6	Recreational
Monday	August 28th	Co-ed 4	Intermediate
Monday	August 28th	Co-ed 6	Recreational
Monday	August 28th	Co-ed 6	Intermediate
Tuesday	August 29th	Men's 2	Intermediate
Tuesday	August 29th	Co-ed 6	Beginner
Tuesday	August 29th	Co-ed 6	Recreational
Wednesday	August 30th	Men's 4	Intermediate
Wednesday	August 30th	Women's 4	Intermediate
Wednesday	August 30th	Co-ed 6	Recreational
Wednesday	August 30th	Co-ed 6	Intermediate
Thursday	August 31st	Co-ed 4	Intermediate
Thursday	August 31st	Co-ed 6	Beginner
Thursday	August 31st	Co-ed 6	Recreational

Email karli@plazalanesdm.com, visit volleysdm.com, or call 255-1111 Ext. 319 for more information.

CHECK LEAGUE

Sunday

Co-Ed 4's Co-Ed 6's Beg Co-Ed 6's Rec

Monday

Co-Ed 4's Co-Ed 6's Rec Co-Ed 6's Inter

Tuesday

Men's 2's Co-Ed 6's Beg Co-Ed 6's Rec

Wednesday

Men's 4's Woman's 4's
 Co-Ed 6's Rec Co-Ed 6's Inter

Thursday

Co-Ed 4's Co-Ed 6's Beg Co-Ed 6's Rec

GAME TIMES

Mon, Tues, Wed, & Thurs games will range from 5:45 to 9:45. Sunday games will range from 4:45 to 8:45

NOTE: All teams will play a flex schedule week-by-week. Time slots will vary evenly among all teams throughout the season.

* If you have time slot requests please note on form

PAYMENT

Credit Card # _____

Expiration: _____ **Billing Zip:** _____

Check - (make out to "Volley's" - 2701 Douglas Ave. | Des Moines, IA | 50310)

Cash Fax: 515-255-1121 PH: 515-255-1111 Ext. 319

*All Fees are due with your registration form. All un-secured (un-paid) signups may result in being replaced by a paid team

*All Teams are scheduled in each league, based on the order they are received.

*Must Have Team Name & Full Captain info entered to be Valid

Early Bird Pricing Regular Pricing

Co-ed 6 Fee.....	\$229	\$249
Co-ed 4 Fee.....	\$179	\$199
Men's /Woman's 4 Fee.....	\$179	\$199
Men's 2 Fee.....	\$119	\$139

*One-Time yearly membership fee (\$8.00 per person)

of Players ____ x \$8 = _____

Sales Tax 6% = _____

Total Amt. Paid = _____

Team Name: _____

The listed individuals must fill out the below information in order for a team to be eligible for league participation. They understand that Volley's Volleyball and Grill does not carry insurance to cover participants in the league. They further release Volley's Volleyball and Grill of any liability or responsibility due to injuries or losses received while participating in league, tournament, and/or open play. Thank You.

■ Captain Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____

■ Name: _____

Address: _____

City: _____ Zip: _____

Cell Ph: _____

E-mail: _____

Signature: _____