

2017 Adult Volleyball Registration Form

Entry Fee must accompany this form. You may register by mail, in person, online, or over the phone with a credit card 651-558-2255. No personal checks. Business checks will be allowed payable to: St. Paul Municipal Athletics

1500 Rice St.
St. Paul, MN 55117

*Registration taken June 19-Aug. 4
or earlier if league fills.*

Play begins September 7

8 weeks + playoff tournament

Fall 2017

Manager: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Team Name: _____

Special Request: _____

Division of Play: Women's B _____ Women's D _____ Co-Rec B _____ Co-Rec D _____

Team Residency: Yes _____ No _____ (If one or more of your players live or work outside of Ramsey County, then you are a non-resident team. Non-resident teams must pay a non-residency fee of \$50 per team.)

**I have read the enclosed conduct policy and will relay it to my team.
I will be responsible for the conduct of my team.**

Manager/Team Representative _____

We are a returning team Yes _____ No _____

How did you hear about us?

City Website _____ Rec. Center _____ Municipal Athletics _____ Friend _____ Other _____

Office Use Only

Date Received _____

Amount _____ Cash _____ CC _____ Check # _____

Receipt # _____ Staff Initials _____

