Nome Co-Ed City League Volleyball: Fall 2022
Team Roster and Registration Form

Sponsor (and Team Name if different): ____________________________________________

League preference (if enough teams) :  Competitive____  Recreational*____

*Only if we have enough teams for each.
(Must have a minimum of 6 teams register.)

Preference does not guarantee placement in that division.

Team Registration Due August 31st!

Captain: __________________________ Assistant Captain: __________________________

Phone:__________________________ Phone:____________________________________

Email:__________________________ Email:____________________________________

Payment must be cash or checks only. Make all checks payable to: Nome Recreation Center

Team Entry Fee: $150  Due: Wednesday, August 31st

Player Fee: $50  Due: Friday, September 9th $75 afterwards.

As the manager, I understand that it is my responsibility to sign and submit all player contracts, submit all fees for the team and its players. It is my responsibility to inform team players of game schedules, league assist schedules and duties, league rules, and any other pertinent information. I will be responsible for the conduct of my players during league events.

Write any schedule requests here, or forever hold your peace. There will be no reschedules for any reason.

Captain’s Signature: __________________________ Date: __________

Asst. Captain’s Signature: __________________________ Date: __________

Team Roster (7 paid players is the minimum):

1._____________________________ W $  
2._____________________________ W $  
3._____________________________ W $  
4._____________________________ W $  
5._____________________________ W $  
6._____________________________ W $  
7._____________________________ W $  
8._____________________________ W $  
9._____________________________ W $  
10._____________________________ W $  
11._____________________________ W $  
12._____________________________ W $