

ETHYL'S SAND VOLLEYBALL 2019 SPRING REGISTRATION FORM

Team roster/waivers will be filled out on first game night. **MUST** have ID's with you.

Game Times for your first week of play will be online 3 days prior to your first night.

TEAMS who sign up & Pay in FULL for ALL 3 seasons will get discount. \$750 fee for all 3 paid in Spring

In order to join in the friendly competition this year, you will need to mail or drop off

registration form and league fee to:

**Ethyl's Smokehouse
8505 Veterans Memorial Pkwy
O'Fallon, MO 63366**

ALL league fees **MUST** be paid prior to being placed on the schedule

League Fees paid by cash or check \$ 270 Credit card \$278.00 FULL Payment for Team at 1 time.

MUST BE 21 YEARS OLD TO PLAY AT ETHYL'S

\$270 PER TEAM, 8 WEEK SEASON WITH TOP 8 TEAMS GOING TO PLAY OFFS ON WEEK 9

GAMES START AT 6:00 PM (Unless noted differently)

MONDAY Start Date: April 1st

<input type="checkbox"/>	Coed LOW Recreational 6's**
<input type="checkbox"/>	Coed MID Recreational 6's**

****8 weeks of games in 7 weeks Playoffs week 8**

TUESDAY Start Date: April 2nd

<input type="checkbox"/>	Women's Recreational 6's
<input type="checkbox"/>	Coed LOW Recreational 6's

WEDNESDAY Start Date: April 3rd

<input type="checkbox"/>	Coed LOW Recreational 6's
<input type="checkbox"/>	Coed MID Recreational 6's

THURSDAY Start Date: April 4th

<input type="checkbox"/>	Coed LOW Recreational 6's
<input type="checkbox"/>	Coed MID Recreational 6's

FRIDAY Start Date: April 5th

<input type="checkbox"/>	Coed LOW Recreational 6's
<input type="checkbox"/>	Coed MID Recreational 6's

SUNDAY Start Date: April 7th***

<input type="checkbox"/>	Coed LOW Recreational 6's
<input type="checkbox"/>	Coed MID Recreational 6's

*****GAMES WILL START AT 3:00 pm on Sundays*****

****ABOVE START DATES ARE TENTATIVE** DUE TO WEATHER OR ANY SPECIAL CIRCUMSTANCES.**

TEAM NAME: _____

Captain's Name: _____

Email: _____

Cell #: _____ Other Contact #: _____

Co-Captain's Name: _____

Email: _____

Cell #: _____ Other Contact #: _____

BELOW FOR OFFICE USE ONLY:

Date Received in Office: _____

Payment Received: CASH Check Credit Card