



MWR ADULT VOLLEYBALL LEAGUE

TEAM REGISTRATION FORM

Team Name: _____ Requested T-Shirt Color: _____

Team Captain: _____ Email: _____

Phone (Home): _____ Cell: _____

Team Fee: \$120.00 Make checks payable to: MWR (Montrose West Recreation, Inc.)
League play begins November 15th and runs a 12-15 week schedule, depending on number of teams.

REGISTRATION DEADLINE: November 12th – NO EXCEPTIONS

I, the undersigned, agree to assume all risks that are part of and incidental to my participation in the MWR Adult Volleyball League. I will not hold Montrose West Recreation, Inc. (MWR) or West End Public Schools (WEPS) or any person affiliated with MWR or WEPS responsible in the event of personal injury to myself resulting from my participation in the above name activity.

NAME	EMAIL	PHONE	T-Shirt SIZE	SIGNATURE

Contact Info-

Lee Geddings, Program Director @ 970.428.2445 or
Paula Brown, MWR ED @ 970.864.2190 or MontroseWestRec@gmail.com