



VOLLEYBALL



\$20.00 fee payable to: MONTICELLO BERNDES CENTER

****DEADLINE: June 30th, 2017****

LATE REGISTRATION FEE: \$5/PLAYER after June 30th, 2017

Please return completed form and payment to the Monticello Berndes Center
766 N. Maple Street, Monticello, IA 52310

Child's Name: _____

Street Address: _____

Grade: _____ Age: _____ Gender (Circle): BOY GIRL League (Circle): COLLEGE (3RD-4TH)
WORLD (5TH-6TH)

T-Shirt Size (Circle): Youth- S M L
Adult- S M L XL

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____ Email Address: _____

Interested in coaching a team? YES _____ ASSIST _____ NO _____ Coach Shirt Size _____

We, the parent(s) of the above child, agree not to hold the City of Monticello, the Parks & Recreation Department, the Park Board, coaches or other players liable in the event of an accident or injury.

Parent/Guardian Signature: _____ Date: _____

*Practices will be determined by the coach, who will contact you as soon as teams and schedules have been completed. Games will be held Monday evenings, September 11th-October 9th, 2017

TEAM PHOTO ORDER FORM

Child's Name: _____ Parent/Guardian Name: _____

League (Circle): COLLEGE (3RD-4TH)
WORLD (5TH-6TH)

Team (Leave Blank): _____

Number of Photos: _____
(If more than one)

Registration Fee	\$20
Team Photo Fee (\$5 per copy)	_____
TOTAL FEE	_____
Checks made payable to: Monticello Berndes Center	