



ANDERSON TOWNSHIP PARK DISTRICT

Adult Co-Rec Volleyball ~ ages 18 & up

Registration deadline is September 15

Register in advance. Gather your friends and form a team in one of the newest ATPD leagues! We have B & C Divisions (B is more competitive play). Teams will play an 8 week season and awards will be given for 1st place in each division. We are only accepting 8 teams in each division; registration is first-come, first-serve. Leagues may be combined at the discretion of the ATPD.

Date: Games begin Wednesday, September 29

Price: \$260 per team due with registration. Teams are subject to a \$75 cancellation fee for withdrawal from the league.

Location: Beech Acres Recplex- 6915 Beechmont Ave.

Questions? (513) 388-4514 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Adult Co-Rec Volleyball Registration ~ Fall 2010

Division: (circle one) B C

Team Name _____

Team Color _____ Manager's Name _____

Manager's Phone (h) _____ (c) _____ E-mail _____

Manager's Address _____ City _____ State _____ Zip _____

*Alternate Manager's Name _____ Phone (h) _____ (c) _____

**Must include an alternate manager's phone number*

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*.

The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Participant Name _____ Signature _____ Date _____

-----For Office Use Only-----

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____ Conf. _____