SMYRNA PARKS AND RECREATION DEPARTMENT ADULT VOLLEYBALL LEAGUE TEAM APPLICATION

TEAM NAME:		
TEAM MANAGER		
ADDRESS		
CITY	ZIP	
HOME PHONE		
WORK PHONE		
CELL OR PAGER		
FAX NUMBER		
E-MAIL		

LEAGUE TYPE	Co-Ed Competitive			
# OF TEAMS	15 or 18			
# OF GAMES	10 -12 Weeks & Tournament			
LOCATION &	Smyrna Community Center Tuesdays 6:30, 7:45, 9:00 time slots.			
DAYS OF PLAY	Teams start time will vary week to week.			
LEAGUE FEE	\$300			

Please fill out this form and return it with payment to: Broddrick Archie Athletic Coordinator City of Smyrna. 200 Village Green Circle P.O. Box 1226 Smyrna, GA 30081 770-431-2842 / Fax 770-431-2865 barchie@ci.smyrna.ga.us

SMYRNA PARKS AND RECREATION DEPARTMENT TEAM ROSTER

CELL OR PAGER #

TEAM NAME

TEAM MANAGER

	HOME PHONE WORK			RK PHO	HONE		
ADDRESS			CITY	Y/ZIP	•		
ASST. MANAGER	CELL OR PAGER #						
	HOME PHONE		WOF	RK PHO	NE		
ADDRESS			CITY	Y/ZIP			
NAME	А	ADDRESS / CITY / ZIP			HOME #	WORK#	

***YOU MUST HAVE **COMPLETE ADDRESS** AND **PHONE NUMBER** FOR EVERY NAME ON THE ROSTER OR IT WILL NOT BE ACCEPTED**