



FOR OFFICE USE ONLY

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**2009-2010 Adult Coed Volleyball Application
Sunday League - First Session**

Team Name _____

Manager's Name _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Alternate Contact: _____ Phone: _____

This **Sunday League** plays a **ten-match schedule** (3 sets per match using rally scoring) at **Four Mile Community Center** (3711 Easton Boulevard) with matches starting at 5:00 p.m. **League play begins at 5:00 p.m., Sunday, October 4, 2009.**

Remarks and brief description of team's skills:

"I assume all responsibilities, including maintaining player conduct, obeying eligibility rules, financing this team and informing players of league rules."

Manager's Signature _____ Date _____

MAKE CHECKS PAYABLE TO: **Des Moines Parks & Recreation**

BRING OR MAIL TO: **Des Moines Parks and Recreation**
Leisure Sports Office *Office Hours – 8:00 a.m. to 5:00 p.m., Monday through Friday
3711 Easton Boulevard
Des Moines, Iowa 50317
Office Phone: 248-6310 / Fax #: 263-8745

ENTRY FEE: **\$175.00** *NOTE: Cash payments at the office must be the exact amount; we cannot make change.

ENTRY DEADLINE: **5:00 p.m., Friday, September 25, 2009**

LEAGUE COORDINATOR: **George Davis – 248-6310**