

PHOENIXVILLE RECREATION DEPARTMENT

123 Main Street
Phoenixville Pa 19460
Phone 610-933-7728
Fax 610-933-7729

VOLLEYBALL APPLICATION

Please print clearly and complete all information requested. Thank you.

League and Division _____

Team Name _____

Team Color _____

Manager's Name _____

Address _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

E-Mail Address _____

Assistant Manager's Name _____

Address _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

E-Mail Address _____

NOTE:

- Applications will not be accepted after the closing date-TBA
- A \$100 (non-refundable) deposit is required with this application. Please make checks payable to PBRD
- Full entry fees for teams must be paid by your second game. No team will be allowed to continue the season until their money is paid.
 - No team will be eligible without complying to the above.