2020 Volleyball Registration

Contact Person: _____ Phone Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Team Name: _____

Team (check one) **Men's** ☐ **Women's** ☐ **Co-rec** ☐ **Indicate age group** _____

Player Name	Shirt Size	Age as of 12-31-2020	Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Use additional pages as necessary. Players can be added or removed until the day of the event provided it does not affect the age bracket.
Each player must sign an individual waiver the day of the event.

Team fee: Men's/Women's: $200, Co-rec: $160 $ _____

Additional Players (after 8): # _____ X $20 = $ _____

TOTAL $ _____

Checks and forms can be mailed to: City of Henderson Sports Office, 298 Arroyo Grande Blvd, Henderson, NV 89014. Please make checks payable to City of Henderson.
Please call the Tech Office at 702-267-4122 for online account information to pay by credit card. Forms can be emailed to COHTournaments@cityofhenderson.com