# Fayette County Parks and Recreation Department

***Spring 2010 Coed Volleyball Registration Form***

Please print all information legibly.

**Team Name:** _____

**Coach's Name:** _____

**Street Address:** _____

**City/Town:** _____ **Zip:** _____

**Phone:** **H)** _____ **W)** _____

**C)** _____ **Fax)** _____

**E-mail Address:** _____

**Assistant Coach's Name:** _____

**Phone:** **H)** _____ **C)** _____

**E-mail Address:** _____

**Scheduling Preferences and/or Requests:** (We will try to accommodate requests made at this time. We do not want to make changes after the schedule has been set.)

| For Office Use Only: | | For Coordinator Use Only: | |
|---|---|---|---|
| Amount Rec:_____ | Date:_____ | | |
| Cash/Check_____ | Initials:_____ | League Fee:_____ | NR Fees:_____ |