6 ON 6 INDOOR CO-ED VOLLEYBALL REGISTRATION

Name: _____

Address: _____

City/State/Zip: _____Phone:_____

Team Fee: ☐ $150.00

Name of Team: _____

Manager of Team: _____

E-Mail Address: _____

Team Contact and Phone Number: _____

Name of Sponsor: _____

Method of Payment: ☐ Visa/MasterCard ☐ Cash ☐ Check

Visa/MasterCard Number: _____

Expiration Date: _____

Signature: _____

Checks made payable to : City of Green

If remitting by mail: City of Green Parks
P. O. Box 278
Green, OH 44232

If remitting in person:
1755 Town Park Blvd
Green, Ohio 44232
(Central Administration Building)