

# 2024 Summer Sand Volleyball – Entry Form



**League:**                      **Wednesday Nights**      or      **Thursday Nights**

**Team Name:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

(State)

(Zip)

**Phone:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-Mail Address (Required):** \_\_\_\_\_

**Co-Manager, who is next best person to contact** \_\_\_\_\_

**Email and Phone #** \_\_\_\_\_

**ALL PACKETS DUE BY FRIDAY, MAY 17.**

**Players on Team**

(No Signatures needed, just player's name)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**DEPARTMENT USE ONLY**

**Date Entry Received:** \_\_\_\_\_

**Team Fee:** \_\_\_\_\_      **Amount:** \_\_\_\_\_ (ck or cash)

**\$140 per team**

**\*\*Make all checks payable to  
SPCRD**