

Youth Volleyball Leagues Summer 2010 Sessions I & II at The SportZone

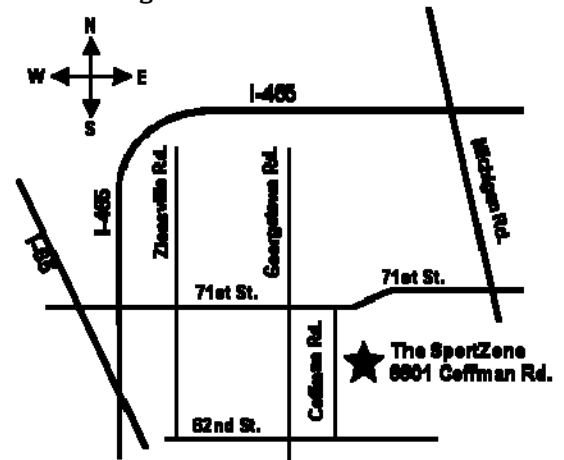


- 4th-6th Grade Division & 7th-12th Grade Division. Two sessions for summer.
- 8-game guarantee including post-season tournament. Double-headers are possible.
- May register as an individual player or as a team. House teams have 9 players max.
- Games are on Saturdays; practices are either Wednesday or Friday
- Registration Deadline: Session I: June 5; Session II: July 31. Balances due before 1st game.
- League play begins: Session I: June 19; Session II: August 21.
- Spectator Gate Fee: \$3 per person

Where: The SportZone
6601 Coffman Road
Indianapolis, IN 46268 phone: 317-293-2255
www.sportzoneindy.com fax: 317-290-9671

Cost: Individual Player: \$60 per player
Team Registration: \$395 per team
(t-shirts not included for team registrations)
No credit or refunds for games not played.

To Register: Either call The SportZone 317-293-2255 and register over the phone or fill out the attached registration form and mail to The SportZone (address above).



fill out form and return with payment to The SportZone

Summer 2010 Sessions I & II Youth Volleyball Leagues

Player Name _____
(if registering as an individual)
T-shirt Size (circle one): AS AM AL AXL

Team Name _____
(if registering as a team)

Division (circle one): Grades 4-6 Grades 7-12

E-mail _____

Session (circle choices): Session I Session II

Parent Name(s) _____
(if registering as an individual)

Coach Name _____
(if registering as a team)

Phone Numbers home: _____ office: _____ cell: _____

Address _____ city: _____ state: _____ zip: _____

Special Requests _____

**please note that due league size, etc. not every request can be honored. A \$50 fee will be charged for all re-scheduled games

Interested in coaching/assisting (circle one): Coaching Assisting Years of coaching experience _____

Waiver (read and sign): I, the parent/guardian of the above named player agree NOT to hold The SportZone, its management, owners, and/or coaching staff responsible for any injury to the above named player as a result of participating in this league.

Parent/Guardian Signature _____

Date _____

Payment: check credit card Card Type _____
(circle one) (M/C, Visa, AMEX, Discover)

Card # _____

Security Code _____

Card Expiration Date _____

Exact Name on Credit Card _____

Signature _____

The SportZone reserves the right to charge the above credit card without notice for any remaining balance that exists after the team's 1st game. The team is responsible for the full bill. Any UNPAID bills could result in player suspensions. Teams pulling out after league schedule has been sent out are responsible for the total registration fee in full.