



## Women's, Men's & Co-Rec Volleyball Leagues

**Registration:** Early Registration will be made available to all *returning teams* until Monday, August 10 by 5:00pm. *New team & returning team* early registration will open from Tuesday-Friday, August 11-14 by 5:00pm. Regular registration will be accepted by all teams no later than Tuesday, August 25<sup>th</sup> by 5:00pm.

You may drop off your registration form and fees at the Grace Sparkes Activity Center (Old Armory) or mail your registration form/fees to:  
City of Prescott, 824 E. Gurley St., Prescott, AZ 86301

**Entry Fee:** \$235.00 Early Registration Fee and \$260.00 Regular Fee – 9 matches with single elimination tournament for top 4 teams in each division.  
(Make checks payable to City of Prescott)

The Recreation Services Department reserves the right to combine leagues depending on number of teams entered.

**Managers will be notified of any changes.**

**Registration Deadline: Tuesday, August 25<sup>th</sup> at 5pm.**

**Managers Meetings will be conducted Tuesday, September 8<sup>th</sup> @ 6pm-GSAC**

**Game Times and Locations:** Leagues will be scheduled on Mondays-Thursdays with games scheduled no earlier than 6:00 and no later than 9:00 PM. Location: TBA (Grace Sparkes Activity Center, YMCA, Yavapai College or Mile High Middle School)

**Season Begins:** Week of September 14<sup>th</sup>

**Scoring:** First two games will be 25-point rally scored games with a 2 point cap to 27 and with the third game being a 21-point rally scored game with a 2 point cap to 23.

**Awards:** Regular season Champions receive plaque and Tournament Champion will receive a League Championship Certificate of \$90.00



### 2015 FALL VOLLEYBALL ENTRY FORM



League Divisions will be created according to past records and Preferred Nights of Play

**Please Circle your league of choice & proper division:**

Co-Rec    Women's    Men's    A    B    C    Rec. (No Spike League)

Preferred Night(s) of Play: \_\_\_\_\_ Night you cannot Play \_\_\_\_\_

Former Team Names \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

MANAGER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E MAIL: \_\_\_\_\_

FOR OFFICE USE ONLY

Amt. Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_