



## 2015 Spring

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

**Registration:** Early Registration will be made available to all teams through Monday, February 9 at 5:00pm. You may drop off your registration form and early registration fees of \$150.00 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:** \$150.00 Early Registration Fee and \$175.00 Regular Fee – 6 matches with single elimination tournament for top 4 teams in ea. division. (Make checks payable to City of Prescott)

The Prescott Recreation Division reserves the right to combine leagues depending on number of teams entered. Managers will be notified of any changes.

**Registration Deadline:** Friday, February 20, at 5pm.

**Managers Meeting:** Tuesday, March 3, ----6pm GSAC-Old Armory Bldg.

**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 March 16

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

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

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### 2015 SPRING 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: \_\_\_\_\_