

Windjammer Lounge Volleyball Registration

2303 STERN DR. BLOOMINGTON, IL 61704

PHONE: (309) 663-2233

TEAM NAME: _____

TEAM CAPTAIN: _____

PHONE NUMBER: _____

E-MAIL: _____

ALTERNATE CAPTAIN: _____

PHONE NUMBER: _____

SESSION: 1ST ____ (APRIL 15TH) 2ND ____ (Start date TBD) BOTH SESSIONS

____ NIGHT CHOSEN TO PLAY: ____ MON ____ TUES ____ WED ____ THURS

PLEASE FILL OUT THIS FORM AND RETURN WITH YOUR PAYMENT.

(\$180 PER SESSION OR \$330 FOR 2 SESSIONS WHEN PAID UPFRONT BEFORE APRIL 10TH.) SPOTS ARE FIRST COME FIRST PAID BASIS. CASH OR CHECK ONLY.

TEAM MEMBER

PHONE

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

BARTENDER USE ONLY: ____ PAID ____ SCHEDULE ____ RULES/REGULATIONS
