



2012 SUMMER VOLLEYBALL REGISTRATION

Leagues Begin May 7th

MONDAY - FRIDAY

Co-ed 6's – Recreational, Intermediate, & Competitive

6 person competitive leagues offer over **\$1000** in cash payouts

League/Court Fees

6 Person Rec. & Int. teams	Entry Fee	January - \$150	<i>Early Sign up Discount</i>
		February - \$180	
		March - \$240	<i>Per Team</i>
		April - \$300	
6 Person Competitive teams	Entry Fee	January - \$150	<i>Early Sign up Discount</i>
		February - \$180	
		March - \$270	<i>Per Team</i>
		April - \$360	

General Information

Levels of play	<u>Recreational</u> - Minimally Competitive. Out to have fun <u>Intermediate</u> - Average competition (Pass, Set, Spike and Blocking) <u>Competitive</u> - Power Level (Pass, Set, Spike, Block, Dig, Some Jump Serving)
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- All leagues will have officials provided.
- Each match consists of 3 games.
- Captains meeting will be held Thursday, April 19 at 7:00pm. Schedules and rules will be provided.
- **All registration fees must be paid in full at time of sign up.**
- End of season tournament for all teams in each league. This will be the last two weeks of your summer season.

We are looking for referees, if interested please contact us.

For more info or questions about league, contact Jason at 262-818-1266 or email jasonhamholm@hotmail.com



Corner of Rt. 173 & Wilmot Rd. • Spring Grove, IL • 815-675-2205

www.kcscabin.com



Join our Email List



VOLLEYBALL REGISTRATION FORM

Season begins Monday, May 7th

Today's Date _____

- You must be 21 years or older to play.
- Registration forms will only be accepted with full payment by Cash, Check or Credit Card.
- Sorry No Carry-Ins Permitted!

Team Name _____

Team Captain _____

Street Address _____ Town _____ St _____ Zip _____

Phone # _____

Email _____

Alternate Contact Name _____ Town _____ St _____ Zip _____

Street Address _____

Did you play at KC'S last summer? Y N	How long have you played VB at KC'S? _____ (years)
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Team Members Name & Address:

Name _____ Town _____ St _____ Zip _____

Street Address _____

Name _____ Town _____ St _____ Zip _____

Street Address _____

Name _____ Town _____ St _____ Zip _____

Street Address _____

Name _____ Town _____ St _____ Zip _____

Street Address _____

Name _____ Town _____ St _____ Zip _____

Street Address _____

Name _____ Town _____ St _____ Zip _____

Street Address _____

Desired night of play (circle one): MON TUES WED THR FRI SUN

Second Choice of night (circle one): MON TUES WED THR FRI SUN

Desired level of play (circle one): REC INT COMP

Full Payment: Cash Check Credit Card