



2009 Beach Volleyball Leagues

Monday, June 8-Thursday, August 6, 2009

Stratford Woods Park

Game Format: The eight-game season will be played Monday-Friday. In all leagues, teams will officiate their own matches. We will provide a court monitor who will be responsible for getting the matches started, settling disputes, collecting results and in general, assisting in the smooth operations of the games.

| | | |
|-----------|----------|--------------------|
| Monday | 2 Man | A & B Leagues |
| Tuesday | 4 Women | A & B Leagues |
| Wednesday | 6 Person | Coed Recreational |
| Thursday | 4 Person | Coed A & B Leagues |
| Thursday | 6 Person | Coed Recreational |

League fees are as follows:

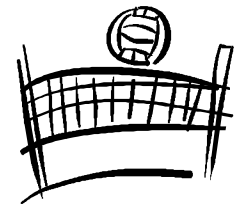
| League | Sponsor Fee | Player Fee |
|-----------------|------------------|-------------------|
| 2 Person League | \$30.00 Per Team | \$8.00 Per Player |
| 4 Person League | \$30.00 Per Team | \$8.00 Per Player |
| 6 Person League | \$60.00 Per Team | \$8.00 Per Player |

Prizes: League winners will receive tee shirts.

Registration Information: Registration for the 2009 season begins on Monday, May 4. Team registration and sponsor fees must be received by Parks and Recreation no later than 5:00 p.m. on Friday, May 22, 2009. Player fees are due by 5:00 p.m. Friday, June 5, 2009. Teams not having the minimum number of players registered by the June 5 deadline will forfeit their first game. Please make checks payable to the City of Midland.



Midland Parks and Recreation Department
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Midland, MI 48640
Phone: 989-837-6930
Fax: 989-835-5651
recreation@midland-mi.org



2009 Beach Volleyball Team Registration

Team Name _____

Former Team Name _____

2 Man _____ 4 Women _____ 4 Person Coed _____ 6 Person Coed _____

League Last Year _____

League Preferred _____ Night Preferred _____

Manager's Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email _____

Other Information _____

| For Office Use Only | | | | | |
|---------------------|-------------------|-------------|----------|---------------|------------|
| Date Paid _____ | Sponsor Fee _____ | Total _____ | By _____ | Check # _____ | Cash _____ |