

*** PLEASE PRINT CLEARLY ***

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Fall 2025

GREATER ELIZABETHTOWN AREA RECREATION & COMMUNITY SERVICES

Coed Sixes Volleyball League

TEAM NAME _____ Circle Division you wish to play in 1 2

TEAM CAPTAIN _____ ALT. TEAM CAPTAIN _____

Home Phone # _____ Work Phone # _____ Home Phone # _____ Work Phone # _____

E-mail Address _____ Email Address _____

	<u>NAME</u>	<u>COMPLETE ADDRESS - with Zip Code</u>	<u>PHONE #</u>	<u>TOWNSHIP/BORO</u>
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Please Note:

-- Minimum 6/Maximum 15 player roster

■ **Registration Fee: \$240/team**

■ **Non-Resident Fee: \$20/team; only if over 50% of your team lives outside of E-town Boro, Mt. Joy Twp, East Donegal Twp. Or West Donegal Twp.**

-- Make checks payable to: **GEARS Due Date: August 29**

-- Individuals must provide their own accident insurance.

Please list any team preferences to be considered during scheduling: _____