

**\* PLEASE PRINT CLEARLY \***

**\* PLEASE PRINT CLEARLY \***

**Winter 2026**  
**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 \_\_\_\_\_

|    | <b><u>NAME</u></b> | <b><u>COMPLETE ADDRESS - with Zip Code</u></b> | <b><u>PHONE #</u></b> | <b><u>TOWNSHIP/BORO</u></b> |
|----|--------------------|--|-----------------------|-----------------------------|
| 1  |                    |  |                       |                             |
| 2  |                    |  |                       |                             |
| 3  |                    |  |                       |                             |
| 4  |                    |  |                       |                             |
| 5  |                    |  |                       |                             |
| 6  |                    |  |                       |                             |
| 7  |                    |  |                       |                             |
| 8  |                    |  |                       |                             |
| 9  |                    |  |                       |                             |
| 10 |                    |  |                       |                             |
| 11 |                    |  |                       |                             |
| 12 |                    |  |                       |                             |
| 13 |                    |  |                       |                             |
| 14 |                    |  |                       |                             |
| 15 |                    |  |                       |                             |

**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: **January 23**

-- Individuals must provide their own accident insurance.

**Please list any team preferences to be considered during scheduling:** \_\_\_\_\_