2026/27
Indoor Volleyball – Entry Form

(Circle One Division Only)

Indoor Volleyball: Power or Intermediate

Team Name: _____

Manager: _____

Address: _____
(Street)

_____
(City) (State) (Zip)

Phone: (Home) _____ (Work) _____ (Cell) _____

E-Mail Address (Required):_____

Co-Manager, who is next best person to contact _____

Phone: _____ **Email** _____

ALL PACKETS DUE BY THURSDAY, SEPTEMBER 17TH.

Players on Team
(No Signatures needed, just player's name)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

DEPARTMENT USE ONLY

Date Entry Received: _____

Team Fee: _____ **Amount:** _____ **(ck or cash)**

$300 per team

****Make all checks payable to SPCRD**

Players Roster Form
Sauk Prairie Recreation Department

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS PLAYER WAIVER AGREEMENT AND AGREE TO ABIDE BY THEM.

League: Coed Volleyball

Team Name: _____

Manager: _____ **Co-Manager:** _____

By signing below, I understand that the Sauk Prairie Community Recreation Department Volleyball League carries no insurance. I will not hold any supervisor, employee or anyone else connected with the league, liable for any injuries incurred by me or for any third party liability for which I may be responsible. I also agree to conduct myself in a responsible manner towards officials and supervisors when participating. Violations of conduct can result in suspension from the league. **Please print clearly.**

Print CLEARLY Player's Name	Player's Signature MUST SIGN	Player's Phone # PRINT CLEARLY	Player's E-mail Address PRINT CLEARLY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Roster Form is due the first night of league play with all signatures on form.