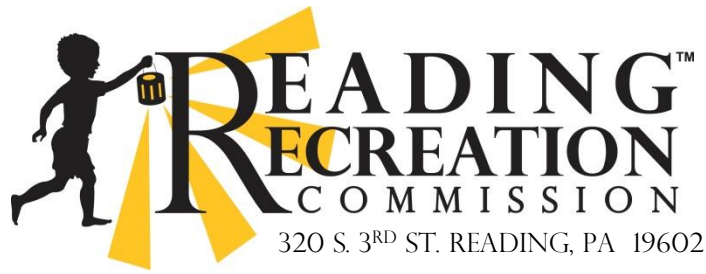


Thank you for your interest in the 2024-25 Adult Volleyball League sponsored by the Reading Recreation Commission. The league runs from November – March. No games will be held during Thanksgiving and Christmas break. The below information is provided for your use in registering your team to participate in the league.

1. All communication will be done via email. Please ensure your proper contact information is provided.
2. Teams must turn in preliminary roster upon registering team. All rostered players will be required to sign player waiver prior to first match.
3. The RRC reserves the right to combine league should there not be enough entries in one of the leagues.
4. All matches will be played at the 3rd & Spruce Recreation Center (320 South 3rd Street Reading PA 19602) and Southern Middle School (931 Chestnut Street Reading PA 19602)
5. Leagues play as follows: Thursday Nights
6. Start times will be between 7:00pm and 9:00pm.
7. This year, the Entry Fee is \$275.00. High School COED Entry Fee is \$225.00. Checks are payable to the “Reading Recreation Commission”.
Credit card payments may be made at 3rd & Spruce Rec Center during regular business hours.
Mon-Fri 9:00am-5:00pm
***Teams will be responsible for paying the referee fee prior to game time (\$20 match).**
8. Players under 18 years of age must have parental/guardian consent.
9. The Recreation Commission must receive your Registration Form, Team Fee, and Assignor Fee by Friday, November 1st. NO EXCEPTIONS.

Please contact Chelsie O’Neil, Asst Recreation Supervisor at 610-655-6068 (office) with any questions, or email at Chelsie.Oneil@readingpa.gov



2024-25 WINTER VOLLEYBALL LEAGUE REGISTRATION FORM

<u>Team Name:</u>		<u>Division:</u> (Circle) Coed BB / Coed B Divisions will be combined if not enough for each league.
<u>Captain's Name:</u>		
<u>Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Phone:</u>		
<u>Email:</u>		
2024-25 Team Registration Fee		
<u>Team Fee:</u> \$250.00 (payable to Reading Recreation Commission)		
<u>Signature:</u>		<u>Date:</u> / /

For Office Use Only

<u>Total Paid:</u>	<u>Form of payment:</u>
<u>Received By:</u>	<u>Date:</u> / /



Preliminary Roster-Due at time of team registration.

Please Print: First Name Last Name

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____