

DRS CO-ED BEACH VOLLEYBALL LEAGUE



TEAM NAME: _____ TEAM CONTACT: _____

	NAME:	CONTACT #:	EMAIL ADDRESS:	GENDER:
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PLEASE FILL OUT FORM AND RETURN TO THE PARKLAND REC COMPLEX – FRONT DESK WITH YOUR PAYMENT OF \$120

CO-ED, 4 ON 4 BEACH VOLLEYBALL
SUNDAY EVENINGS @ MEADOWLARK PARK

COST: \$120/TEAM

JUNE 5th – AUGUST 21ST (12 WEEKS)

REGISTER BY MAY 29TH

WWW.DAUPHINREC.COM