



TEAM NAME (We must have this at the time of registration):

CAPTAIN: _____

Email Address: _____

PHONE #: _____

2ND CAPTAIN: _____ # _____

Email Address: _____

PREFERENCES FOR PLAY: (Please circle day and session)

Cash	Credit	Check# _____
Amount \$ _____		
Date _____	DAY: _____	
	COURT: _____	
For Flannagan's Use Only		

SESSION:	SPRING (6 Weeks)	SUMMER I (9 Weeks)	SUMMER II (9 Weeks)	FALL (6 Weeks)
Sunday	4:00 – 7:00	4:00-8:00	4:00-8:00	4:00 – 7:00
Monday	6:15 – 9:15	6:15 – 10:15	6:15 – 10:15	6:15 – 9:15
Tuesday	6:15 – 9:15	6:15 – 10:15	6:15 – 10:15	6:15 – 9:15
Wednesday	6:15 – 9:15	6:15 – 10:15	6:15 – 10:15	6:15 – 9:15
Thursday	6:15 – 9:15	6:15-11:15	6:15-10:15	6:15 – 9:15
Friday	6:15 – 9:15	6:15 – 10:15	6:15 – 10:15	6:15 – 9:15

*If you would like specific scheduling details and weekly game times, click the link on our volleyball page and download the detailed registration form.

Please check the league you'd like to participate:

-6's BEER LEAGUE: _____ (*our most popular league, Beginner-Intermediate levels welcome!)

-6's ATHLETIC LEAGUE: _____ (Intermediate-Advance levels who are looking for competitive fun!)

-2's LEAGUE (TUESDAYS ONLY): Co-Ed: _____

-4's LEAGUE (MONDAYS ONLY): Co-Ed: _____

******All players participate at their own risk and have signed the individual waiver form prior to playing volleyball at Flannagan's. I have reviewed all the rules with my teammates. There are NO Refunds. There is a \$15 charge for any changes after registration. ******

CAPTAIN'S SIGNATURE: _____ **Date:** _____