

**Lombard Park District
Team Application Form
2019 Spring Adult Volleyball League**

_____ 101211-01 Co-Ed

Please print legibly

2019 Team Name: _____

2019 Captain Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ **(W)** _____

E-mail Address: _____

Circle One: Resident Team \$350 Non Resident Team \$400

Teams may pay \$100 deposit to hold spot in league, but must also leave valid credit card #. If full payment is not received by March 22, 2019 card will be charged balance of league fee. Teams whose credit card is declined will lose spot in league.

Completed forms may be faxed to (630) 620-0762, or brought to Sunset Knoll Recreation Center at 820 S. Finley Rd. or Madison Meadow Athletic Center at 500 E. Wilson Ave.

Amount Received: _____ Date: _____ Staff initials: _____

Amount Received: _____ Date: _____ Staff initials: _____

Credit Card # (Visa, MC, Discover) _____ EXP: _____ CVV: _____

Signature: _____

CHK # _____ Cash: _____

Program Code # _____