

Adult Volleyball Leagues

WINTER 2020

at Ridge Recreation Center

League Play begins week of JAN 12, 2020

LEAGUE	DAY/NIGHT	GYM
Women's 6's Open	Sunday	Ridge Rec Center
Co-Rec 6's Lower	Monday	Ridge Rec Center
Co-Rec 6's Upper	Monday	Ridge Rec Center

**LEAGUE FEE: \$350 for 12 games (36 matches) plus playoffs.
Officials provided by Foothills**

❖REGISTRATION INFORMATION❖

Registration starts on Monday, November 11 and the deadline to register is Wednesday, January 8

To register your team you can call Butch 303-409-2615 or Allison 303-409-2614 and register your team over the phone with a credit card M – F 9:00am to 5:00pm.

You can also stop by the Clement Park Athletic office in person M – F 9:00am to 5:00pm and register in person.

All games played at the Ridge Recreation Center (6613 S. Ward Street Littleton, CO).

For more information please contact Butch at 303-409-2615.



Clement Park Athletics Office
 7306 W Bowles Ave
 Littleton, CO 80123
 Phone: 303-409-2615
 Fax: 303-409-2630

Foothills Sports Arena
 3608 S Kipling Pkwy
 Denver, CO 80235
 Phone: 303-409-2444
 Fax: 303-409-2440

Foothills Fieldhouse
 3606 S. Independence St
 Denver, CO 80235
 Phone: 303-409-2372
 Phone: 303-409-2371

ADULT TEAM REGISTRATION FORM

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

DESIRED LEAGUE (Please select all classifications):

Season: Winter ___ Spring ___ Summer ___ Fall ___

Sport: Softball ___ Basketball ___ Volleyball ___ Soccer ___ Flag Football ___ Lacrosse ___ Disc Golf ___

Location: Easton Regional Park ___ Lilley Gulch Recreation Center ___ Ridge Recreation Center ___

Foothills Sports Arena ___ Schaefer Athletic Complex ___ Clement Park ___ Foothills Fieldhouse ___

Night: SUN ___ MON ___ TUE ___ WED ___ THU ___ FRI ___

LEAGUE AND DIVISION: _____
 (ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

TEAM NAME _____

MANAGER'S NAME _____ **MAIN PHONE #** _____

ADDRESS _____ **2nd DAY #** _____

CITY _____ **ZIP** _____

EMAIL _____

ASSISTANT MANAGER'S NAME _____ **MAIN PHONE #** _____

EMAIL _____ **2nd DAY #** _____

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	BALANCE	INITIALS
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