

Windjammer Lounge Volleyball Registration

2303 STERN DR. BLOOMINGTON, IL 61704

PHONE: (309) 663-2233

TEAM NAME: _____

TEAM CAPTAIN: _____

PHONE NUMBER: _____

EMAIL: _____

ALTERNATE CAPTAIN: _____

SESSION: 1ST ____ (APRIL 14TH) 2ND ____ (START DATE TBD) BOTH SESSIONS ____

NIGHT CHOSEN TO PLAY: MON ____ TUES ____ WED ____ THURS ____

PLEASE FILL OUT THIS FORM AND RETURN WITH YOUR PAYMENT.
(\$180 PER SESSION OR \$330 FOR 2 SESSIONS WITH PAID
UPFRONT BEFORE APRIL 10TH.) SPOTS ARE FIRST COME FIRST
PAID BASIS. CASH, CHECK OR VENMO



VENMO QR CODE

TEAM MEMBERS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

BARTENDER USE ONLY: ____ PAID ____ SCHEDULE ____ RULES/REGULATIONS
