

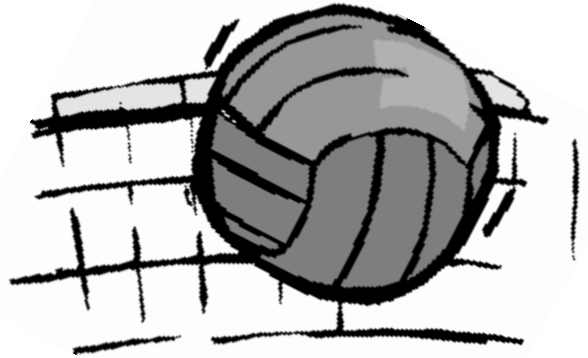
**ATCHISON RECREATION COMMISSION
CO-REC VOLLEYBALL
Fall 2020**

This is a recreational volleyball league for men and women 16 years of age and older. There are no officials. League standings are not kept and trophies are not awarded. The goals of this program are that the participants have a good time and get some exercise.

Teams should consist of six players evenly divided between men and women. Team rosters are not required.

**A MAXIMUM OF 12 TEAMS WILL BE ACCEPTED.
(A minimum of 8 team entries are needed for this league to be held.)**

Matches are played on **MONDAY NIGHTS** at 7:00, 8:00 & 9:00 PM at Memorial Hall, 819 Commercial Street.



SEASON LENGTH: League Play Begins September 14 and finalizes on October 26
Matches are played on Monday nights. The season is 7 weeks long.

ENTRY FEE: \$50 per team. Checks should be made payable to the Atchison Recreation Commission.

ENTRY DEADLINE: THURSDAY, AUGUST 27, AT 5:00 PM.

SCHEDULES: League schedules will be e-mailed to team managers one week before league play begins.

NO ALCOHOLIC BEVERAGES OR TOBACCO PRODUCTS ARE ALLOWED IN MEMORIAL HALL

If you have any questions about the Co-Rec Volleyball program contact the Atchison Recreation Commission at 367-3352.

**CO-REC VOLLEYBALL ENTRY FORM
(Entry Deadline: Thursday, August 27)**

ONLINE ENTRIES: You may enter a team and pay your entry fee online by going to our website www.atchisonrec.com
There is a \$2 convenience fee for online entries

To enter a team in the Co-Rec volleyball league fill out this form and return it with the entry fee (\$50 per team) to the Atchison Recreation Commission, 819 Commercial Street, Memorial Hall, Atchison, KS 66002. (The Recreation Office is the first door on the west side of Memorial Hall. Entries may be dropped through the mail chute next to the office door when the office is closed.)

TEAM NAME _____

TEAM MANAGER'S NAME _____

E-MAIL (Schedules will be e-mailed to mgrs): _____

Please check (X) if you would rather have the schedules mailed to your home address _____

ADDRESS _____

Street, P.O. Box, etc.

City

State

Zip Code

PHONE: Home _____ Cell _____ Work _____

Fee (\$50) _____ (Make check payable to Atchison Recreation Commission) www.atchisonrec.com 8-01-20