

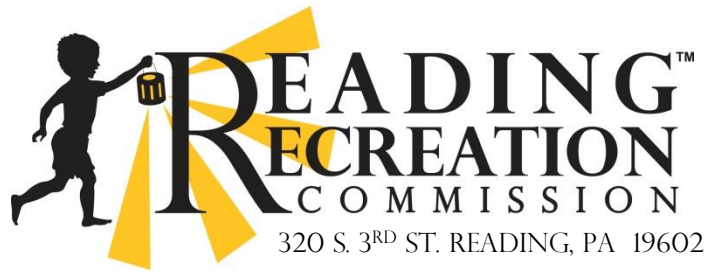
Thank you for your interest in the 2025 Summer Adult Volleyball League, sponsored by the Reading Recreation Commission. The league runs from June to August. No games will be held during Fourth of July . The following information is provided to assist you in registering your team for the league:

1. All communication will be conducted via email. Please ensure that your correct contact information is provided.
2. Teams must submit a preliminary roster upon registration. All rostered players will be required to sign a player waiver before their first match.
3. The RRC reserves the right to combine leagues if there are insufficient entries in one of the leagues.
4. All matches will be played at the following locations:
 - o 3rd & Spruce Recreation Center (Summer): 320 South 3rd Street, Reading, PA 19602
5. Leagues will play on Thursday nights.
6. Match start times will be between 7:00 PM and 9:00 PM.
7. This year, the entry fee is \$275.00. The High School COED entry fee is \$250.00. Checks should be made payable to the "Reading Recreation Commission." Credit card payments may be made at the 3rd & Spruce Rec Center during regular business hours (Mon-Fri, 9:00 AM–5:00 PM).

***Teams are responsible for paying the referee fee (\$20 per match) before the game starts.**

8. Players under the age of 18 must have parental/guardian consent.
9. The Recreation Commission must receive your Registration Form, Team Fee, and Assignor Fee by Friday, June 27th . No exceptions will be made.

For any questions, please contact Chelsie O'Neil, Assistant Recreation Supervisor, at 610-655-6068 (office), or by email at Chelsie.Oneil@readingpa.gov.



2025 Summer VOLLEYBALL LEAGUE REGISTRATION FORM

<u>Team Name:</u>		<u>Division:</u> (Circle) Coed BB / Coed B Divisions will be combined if not enough for each league.
<u>Captain's Name:</u>		
<u>Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Phone:</u>		
<u>Email:</u>		
2025 Team Registration Fee		
<u>Team Fee:</u> \$275.00 (payable to Reading Recreation Commission)		
<u>Signature:</u>		<u>Date:</u> / /

For Office Use Only

<u>Total Paid:</u>	<u>Form of payment:</u>
<u>Received By:</u>	<u>Date:</u> / /



Preliminary Roster-Due at time of team registration.

Please Print: First Name Last Name

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2. _____

3. _____

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15. _____