



Walled Lake Community Education Winter 2024 Adult Co-Ed Volleyball League

Walled Lake Community Education welcomes adult volleyball teams to participate in our Winter 2024 Women’s Competitive Volleyball League. **Team manager registrations ONLY.** All team members must be at least 18 years old or a high school graduate to participate.

League play will begin Monday, January 22. Each team will play 11 regular season matches and a position round match (12 nights of play). Each match is made of 5 games, rally scoring to 17 points. Each match will have a 60 minute time limit. Start times will be between 6:30pm and 9:00pm depending on facility availability. Individual awards to division champions.

Division	Level	Day	Location
1 – Women (WC1)	Expert	Monday	Banks MS

****REGISTRATION**** (Online, Cash or Check)

New and Returning Teams: Now – January 5, 2024 \$425.00

The entry fee must be PAID IN FULL before your team is entered into the league. The entry fee is non-refundable once it has been processed by the Walled Lake Community Education office.

The referee fees are to be paid prior to each match. Referee fees is \$15.00 per team per match payable to the referees.

All teams will be responsible for their referee fees for the first and last night of play at their first scheduled game.

Any intentional damage to volleyball equipment or facilities is the responsibility of the managers.

Inclement weather cancellations may be made up another day of the week

We MUST HAVE six (6) teams minimum to run the division.

Please return the attached registration form and payment to Walled Lake Community Education, 850 Ladd Rd., #D, Walled Lake, MI, 48390. Make all checks payable to Walled Lake Schools. If you have any questions please call (248) 956-5007. Photographs may be taken.

Registration Code _____ Winter 2024 Adult Volleyball Fee: \$425

Team Name: _____ Manager: _____

Address: _____

Number City Zip

Cell Phone: () Other Phone: ()

** Email Address: _____

Alternative Contact: _____

Name Daytime # Email Address

Check # _____

All above information is as up to date as I, _____, can provide. I understand that it is my responsibility to notify the Walled Lake Community Education Recreation Department of any changes to this information. Additionally, I have read and understand the league rules (online at www.wlcsd.org/CE).

Manager’s Signature _____ Date _____