



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Fall 10 POWER Volleyball League

### Play begins September 14

Women's Power plays on Tuesdays

Coed Power plays on Thursdays

Game times vary between 6:15, 7:20 & 8:25 p.m.

*\*15 weeks of league play*

*\*Officiated games*

*\*Register Early – Space is limited!*

#### Fees:

**Team:** \$138 plus individual player fee

**Individual :** \$25 YMCA member

\$45 Community member

**Team registration and fees must be in by Wednesday, September 8**

**All Individual fees must be paid by Tuesday, September 14**

### Required Captains Meeting

*Wednesday, September 8, 2010, 6:30 p.m. at the YMCA*

*Every team captain and or a team representative are required to be at the meeting.*

Brainerd Family YMCA • 602 Oak Street • Brainerd MN 56401 • 218-829-4767

[www.brainerdlakesymca.org](http://www.brainerdlakesymca.org)



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# POWER VOLLEYBALL

## Fall 2010 Team Roster Registration

**Captains!** Complete the following registration form and submit with team fee to the Brainerd Family YMCA Member Services Desk. Include the names of players on your team. Be sure to include yourself on the roster if you're playing. All players must be paid in full by the first week of league play!

Team Name \_\_\_\_\_ Captain's Name \_\_\_\_\_

Captain's Email \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

*Team Fee: \$138*  
*Individual Fee: \$25 for Y members; \$45 for Community Members*

<u>Player Name</u>	<u>Phone #</u>	<u>Y Member?</u>	<u>Office Use</u>
1. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
2. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
3. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
4. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
5. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
6. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
7. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
8. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____
9. _____	_____	Y N	Date ____ Amt ____ Ck # ____ Init. ____

**All Players must be paid in full before they are allowed to play!**

Substitutes may sign up as individuals and will be charged \$5 each night that they play.  
 They will not be eligible to play in any tournament unless picked up by a team prior to the second week of play.