

2015 BIG PINK VOLLEYBALL

STAFF REGISTRATION FORM

REGISTRATION FORM & TEAM CONTRIBUTIONS
DUE OCTOBER 20 BY 4:30 PM IN THE CAMPUS
 RECREATION OFFICE

TEAM NAME: _____

CAPTAIN'S LAST NAME & PHONE #: _____

FACULTY/STAFF/DEPARTMENT WILL BEGIN PLAY ON TUESDAY, OCTOBER 27 AT 4:00 PM.

PLEASE RANK YOUR FIRST, SECOND, AND THIRD CHOICE OF PLAY TIME:

4:20 PM 4:40 PM 5:00 PM 5:20 PM 5:40 PM 6:00 PM

WE WILL DO OUR BEST TO HONOR YOUR REQUEST

PLAYER NAME (#1 IS TEAM CAPTAIN)	ID#	E-MAIL ADDRESS @WIU.EDU	PLAYER TOTAL
1.			\$5
2.			\$5
3.			\$5
4.			\$5
5.			\$5
6.			\$5
7.			\$5
8.			\$5
9.			\$5
10.			\$5

FOR OFFICE USE ONLY

OF PLAYERS = ___ x \$5 = \$ _____

ADDITIONAL DONATIONS= \$ _____ RECEIPT #: _____

TOTAL ENCLOSED= \$ _____ TAKEN BY: _____

ADDITIONAL DONATIONS = \$ _____

TOTAL TEAM CONTRIBUTION = \$ _____

MAKE CHECKS PAYABLE TO

"Campus Recreation - Charitable"

DPAs use #9-01000 (No payments of t-shirts with DPAs)