

REC SPORTS SPIKEBALL



Spikeball

www.recsonline.com



Spikeball

532-BALL clark@recsonline.com

Mail Registration Forms: Rec Sports 4223 Limousin Court, Grandville, MI 49418

League Fees: 10 Weeks 60-game Session

	Full Pre-pay	Full Pre-pay	After
1st Session	by March 31	by April 14	April 14
2nd Session	by June 8	by June 23	June 23
2 on 2: 60 games	\$140	\$150	\$160

Note: Teams must pay the full price by the date listed above to get the discount.

1st Session: April 27-July 6

2nd Session: July 13- September 14

*June 29 is the make-up date in the case of a weather related cancellation

Spikeball is the fastest growing sport in America

Rec Sports Complex: 5760 West River Drive; 2 miles from Fifth Third Park

Wednesday's: 2 on 2 men's competitive and intermediate/recreational
2 on 2 coed intermediate/recreational

Note: All leagues will be based on interest. 1st Games Begin at 6:00pm

SCHEDULING REQUESTS: If your team has any special requests such as early or late game times or back-to-back double headers we will accommodate them for a \$25.00 fee. Requests are limited.

FORMAT: Teams will play 6 Games each night for a total of **60 games** (approx. 10 Weeks). All teams qualify for the playoffs

PAYMENT OPTION: A \$50 non-refundable deposit may be sent in to hold your spot. The remainder of the entry fee will be due prior to the start of the league. Teams must pay full price by the date to get the discounted price. No refunds.

Note: Any balance remaining after the first week will be increased by \$10 each week.

AWARDS: First place teams will receive **individual T-shirts**; first place teams will also receive a **\$25 gift certificate from Rec Sports** to use in the next league or tournament of your choice.

REC SPORTS Spikeball Application Form

Mail application and entry fee to: **REC Sports, 4223 Limousin Ct, Grandville, MI 49418** Phone: (616) 532-BALL

Team Name: _____ Date of Tourney: _____ E-Mail: _____

Captain's Name _____ Phone: Evening _____ Day: _____ Cell: _____

Captain's Address _____ City _____ Zip _____

Level: (Circle One) Low Middle Upper Schedule Request: _____

Grade Shirt

Player's Name Fall 15 Age Size Height Experience (circle highest level attained)

1. _____ None Jr. High Frosh JV Var. All Con. Sml. Col. Mjr. Col.

2. _____ None Jr. High Frosh JV Var. All Con. Sml. Col. Mjr. Col.

3. _____ None Jr. High Frosh JV Var. All Con. Sml. Col. Mjr. Col.

4. _____ None Jr. High Frosh JV Var. All Con. Sml. Col. Mjr. Col.

Teams will be contacted in the afternoon 2 days prior to the tournament for game times.

Make checks payable to Rec Sports