



Milltown Recreation Adult Women's Volleyball



Mondays & Thursdays

7:00pm-9:00pm – Parkview School Gym

Jan: 24, 28, 31 Feb: 4, 7, 11, 14, 25, 28

March: 4, 7, 11, 14, 18, 21, 25, 28 April: 1, 4, 8, 10 –Wed, 15, 18, 29

May: 2, 6, 8-Wed, 13, 16, 20, 23, 29-Wed June: 3, 6, 10, 13, 17, 19

Dates are subject to change by BOE/Milltown Recreation



Women's VOLLEYBALL 2019 – Winter/Spring REGISTRATION

Name: _____ Address: _____ Town: _____

Cell #: _____ Email: _____

Emergency Contact: _____ Phone: _____

Hospital Preferred: _____

I state that I am in good physical condition and to the best of my knowledge, am physically able to participate in the Milltown Adult Women's Volleyball League. I agree not to hold the Borough of Milltown or Associates, Team Captain(s), Facility Supervisor(s) or sponsor liable for accidental injuries I may incur as a result of participation in this activity and inherent to the nature of the sport of volleyball.

I also agree to abide by the rules and policies set forth by the Board of Education and the Milltown Recreation Department while participating in the Adult Women's Volleyball Program.

PARTICIPANT'S SIGNATURE

Fees:
Resident \$65
Non-Resident \$75
Please make check payable to:
Milltown Recreation

Please send Registration Form
along with payment to:
Milltown Dept. of Recreation
39 Washington Ave
Milltown, NJ 08850
732-828-2100 ext. 141
Julie F. Petry, Director

Participants must have a completed and signed registration form along with payment into the Milltown Recreation Department prior to 1st session.

NO REFUNDS!

For office use ONLY:
Ck#: _____
Cash rcpt#: _____