

2017 Livingston Recreation Department Co-ed Rec Volleyball Roster Registration Form



Registration Deadline Wednesday, September 20th at 7PM

Drop form at 229 River Drive (Recreation Offices) or email back to: rec@livingstonmontana.org

Team Name: _____

Team Captain: _____ Captain Cell Phone #: _____

Secondary Phone #: _____ Mailing Address: _____

Email Address: _____

Print Name

Cell Phone #

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

This is to certify that the above signed have given consent to participate in the Livingston Recreation Department Adult Co-ed Volleyball League. I fully recognize the City of Livingston, Recreation Manager and/or staff are not to be held liable in case of an accident or injury.

City of Livingston Recreation Department

Email: rec@livingstonmontana.org * Phone: 223-2233

229 River Drive * Office Hours: 10AM - 5PM; Monday – Friday

www.livingstonmontana.org

