



Topspin Volleyball Association

2017 Outdoor Volleyball League

TUESDAYS
CO-ED 3s/4s CHALLENGE
(Sign up as a team of 3 or 4)
Can 1 extra player on the court make the difference?

Spring: May – June
Summer: July – August

Cost: Co-ed 3s: \$180/team; Co-ed 4s \$240/team

LOCATION? Beckwith Park (Beckwith Ave. just off Quadra St.)

TIME? All leagues begin at 6:30 pm and will end approximately 8:30 pm (or when it gets dark).

CONTACT INFORMATION? Web: Topspinvball.com
Phone: 250.883.3854
Email: fuji@topspinvball.com or bruce@topspinvball.com

If you are interested in registering a team, please complete the form and return to Courtside Sports along with payment, or bring the registration form with your payment to your gym coordinator.



topspinvball.com fuji@topspinvball.com or bruce@topspinvball.com Tel: 250.883.3854



DISCLAIMER - As a condition of playing in the TopSpin Outdoor Volleyball League, each player assumes all risk of personal injury or property loss resulting from any cause whatsoever including but not limited to playing the sport of volleyball or participating in any sporting event held by TopSpin Volleyball Association. Each player agrees that TopSpin Volleyball Association shall not be liable for any such personal injury or property loss and releases TopSpin Volleyball Association and its employees, agents, representatives, sponsors, successors and assigns from and against any and all claims with respect thereto. By participating in any Topspin Volleyball event, you hereby agree to the terms and conditions of this disclaimer.

Team Name: _____

Spring Session Summer Session

| | | | |
|---------------------------|--------------|--------------|----------|
| Player 1 (Captain): _____ | Email: _____ | Phone: _____ | _____ |
| Player 2: _____ | Email: _____ | Phone: _____ | Initials |
| Player 3: _____ | Email: _____ | Phone: _____ | Initials |
| Player 4: _____ | Email: _____ | Phone: _____ | Initials |

Skill Level: Beginner 1 2 3 4 5 Competitive

** Please make cheques payable to TopSpin Volleyball Association **

Payment remitted: _____