



2010 Arnold's Summer Beach Volleyball League

Team Registration Form

TEAM NAME: _____

CONTACT NAME: _____

PHONE NUMBER: (h)_____ (w)_____

EMAIL: _____

Rank the following nights in order of preference:
(1 = most preferred, 5 = least preferred)

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Sunday _____

Maximum 24 teams Per Night to avoid late games

To help us create a fair and competitive experience at Arnold's,
Please circle one of the 4 choices to indicate your team's skill level.

Super Competitive Competitive
Intermediate Recreational

2009 team name: _____

2009 Night: Mon. Tues. Wed. Thurs.

Management Use only: _____

#

Date Received: _____

Paid By: _____

Received By: _____

Amount: \$650 / \$700



485 Morden Road
Oakville, ON
L6K 3W6

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Fax: 905.844.6657
www.arnoldssportsbar.ca

Please Complete and return to Arnolds with Payment

