

JD Legends Volleyball 2012 Team Application

Team Name: _____ **Season** _____
Type of League _____ (Mens, Womens, or Co-ed)
League Night (Mon-Sat.) _____
1st choice Time slot _____
2nd Choice Time Slot _____
Are you paying for all 3 sessions now? (\$100 off) _____
Are you a signature sponsor? _____

--Payment Info-- Employee receiving payment: _____ Date receiving payment _____ Payment Type _____ Payment amount _____ Additional Information _____

Questions
 Call 937 746 4950 or
 Email Chris at
 cmatuszak@jdllegends.com

PLEASE PRINT

Player 1 – Team Captain

Name:	Home Phone:	Birth date:	
Street:		City:	Zip:
Email:		Phone:	

Player 2

Name:	Home Phone:	Birthdate:	
Street:		City:	Zip
Email:		Phone:	

Player 3

Name:	Home Phone:	Birthdate:	
Street:		City:	Zip:
Email:		Phone:	

Player 4

Name:	Home Phone	Birthdate:	
Street:		City:	Zip:
Email:		Phone:	

Player 5

Name:	Home Phone:	Birthdate:	
Street:		City:	Zip:
Email:		Phone:	

Player 6

Name:	Home Phone	Birthdate:	
Street:		City:	Zip:
Email:		Phone:	

100% of the league fees must accompany this form to guarantee a spot. You may submit a form without payment, but understand this **does not** guarantee a spot in the league. Please feel free to contact us and let us know exactly how many spots still exist in the night and time you desire (if you have not paid for your dues)

JD Legends Will Be Using Email Addresses To Notify Captains Of Any Changes, Rain Dates Or Additional Information.
 You May Duplicate This Form If You Want To Enter More Than One Team. League Fees Are Non-Refundable.
 Understand That It Is Each Teams Responsibility To Pay For Referees Each Week (\$5 A Team)
 It Is The Captains Responsibility To Hand In Individual Waivers By The 2nd Week Of The Season.
 It Is Also Their Responsibility To Have A Waiver Signed By Any Guest Player That Will Be Subbing.
 As Team Captain I Shall Adhere To The Above Statements And Shall Also Be Responsible For Any Returned Check Fees