



2018 Hickman Community Center Volleyball Registration

Hickman Parks & Recreation Department
 P.O. Box 127, Hickman, NE 68372
www.hickman.ne.gov

Team Name _____

Captain Name _____ E-mail Address _____

Address _____ City _____ State _____ Zip _____

Phone Number: Home (____) _____ Cell (____) _____ Work (____) _____

Co -Captain Name _____ E-mail Address _____

Address _____ City _____ State _____ Zip _____

Phone Number: Home (____) _____ Cell (____) _____ Work (____) _____

_____ \$80 - Payable to the City of Hickman *Per Team*

Team Roster: All players must be added and sign including any subs. Player are allowed to play on one team but during pool play anyone can sub from any team. Tournament play is only the roster below including any subs.

**** Adults 18 and over ****

Name (Print): _____	Name (Print): _____
Name (Print): _____	Name (Print): _____
Name (Print): _____	Name (Print): _____
Name (Print): _____	Name (Print): _____
Name (Print): _____	Name (Print): _____
Name (Print): _____	Name (Print): _____

*****All participants must sign a Waiver and Release from Liability form*****
Located at Hickman Community Center

Make Checks Payable to: City of Hickman Parks & Rec. (Only Cash or Checks are Accepted)

For Office Use Only

Date Received _____ Fees Paid Total \$ _____ Check # _____ Cash Receipt # _____