



2019 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 (____) _____

*** First Paid 8 Teams ***

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

Team Roster: All players must be added including any subs. Players are allowed to play on one team but during pool play anyone can sub from any team. **Tournament play roster are names below only.**

** 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 on score table day of games.

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 # _____