



2017 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 (____) _____

REGISTRATIONS Due By Wednesday, November 1, 2017

***** All Late Registrations will be charged a \$20 Late Fee*****

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

Team Roster: All players must be added and sign including any subs.** Adults 18 and over **

Name (Print): _____ Signature (Required): _____ Date: _____

Name (Print): _____ Signature (Required): _____ Date: _____

Name (Print): _____ Signature (Required): _____ Date: _____

Name (Print): _____ Signature (Required): _____ Date: _____

Name (Print): _____ Signature (Required): _____ Date: _____

Name (Print): _____ Signature (Required): _____ Date: _____

*****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 # _____