



# Adult Volleyball

***Spring Session:  
April 7th - June 6th***

**Binghamton Branch**  
61 Susquehanna Street  
Binghamton, NY 13901  
Tel: (607) 772-0560  
Fax: (607) 772-0563

**West Family Branch**  
740 Main Street  
Johnson City, NY 13790  
Tel: (607) 770-9622  
Fax: (607) 729-4977

Visit us online at:  
**[www.ymcabroome.org](http://www.ymcabroome.org)**

And on Facebook at:  
**YMCA of Broome County**



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

- All matches will be played at the West Family YMCA Branch in Johnson City. Each league has a limit of 16 teams per league night. League levels and game times are listed below.

- **Maximum of 16 teams per league night:**

Sunday	4 Person Semi-Competitive	5:00-10:00 pm
Monday	6 Person Recreational	6:00-11:00 pm
Tuesday	6 Person Semi-Competitive	6:00-11:00 pm
Tuesday	4 Person Men's Open	6:00-11:00 pm
Wednesday	6 Person Recreational	6:00-11:00 pm
Wednesday	6 Person Semi-Competitive	6:00-11:00 pm
Thursday	4 Person Woman's Open	6:00-11:00 pm

- All leagues are co-ed: 6 person leagues (3) guys & (3) girls  
4 person leagues (2) guys & (2) girls
- Deposit of \$100 to reserve your space in each league. Remainder of the balance due during the 3rd week of the season.

The YMCA of Broome County is one of the area's leading charitable 501(c)3 organizations. Our programs and services are open to all through our financial assistance program, made possible through the generosity of our members, donors and partners. To help us help others, make your tax-deductible donation at [www.ymcabroome.org](http://www.ymcabroome.org).

# Registration Information

## Adult Volleyball

Financial Assistance is available. Ask the Welcome desk how to apply.

### PROGRAM FEES:

#### Early Bird Special

4 person team: \$172

6 person team: \$258

#### After April 1st league prices are:

(based on availability)

4 person team: \$197

6 person team: \$283

**\$100.00 deposit required when registering to hold spot in any league.**

### CONTACT:

Chris Kraemer  
Sports Department  
**Primary Focus:**  
Sports and Leagues  
607-770-9622 ext. 414  
ckraemer@ymcabroome.org



Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Team Captain Date of Birth: \_\_\_/\_\_\_/\_\_\_

Captain's Email: \_\_\_\_\_

Captain's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

### **Please select league:**

#### **6 - Person Leagues:**

Monday - Recreational

Tuesday - Semi-Competitive

Wednesday - Recreational

Wednesday - Semi-Competitive

#### **4 - Person Leagues:**

Sunday - Semi-Competitive

Tuesday - Men's Open

Thursday - Woman's Open

### **Team Players:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

### **Player Phone Numbers**

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\_\_\_\_\_

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**ALL NAMES MUST HAVE FIRST AND LAST NAMES WITH PHONE NUMBERS OR FORMS WILL NOT BE ACCEPTED.**

### **Office Use Only**

Deposit Paid:

\$100.00 Date: \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_