

PARKS & RECREATION DEPARTMENT

TO: 2015-2016 Volleyball Team Managers (Women, Co-Rec, Men)
FROM: Kelly Cassidy, Parks & Recreation Supervisor
RE: 2016-2017 Volleyball League Information
DATE: August 10, 2016

The 2016-2017 Volleyball League Organizational Meeting will be held on Wednesday, September 7th at 6:15 p.m. in the Bee Bee Forum Room of the Marshfield Public Library.

Enclosed is a team application and roster form. Please note the order in which we will accept teams. **Team registration deadline (due in the Parks & Recreation office) is Tuesday, August 30th by 4:00 p.m. or a \$25.00 late fee will be charged.** You may turn in your roster before August 30th to avoid heavy office traffic, lines, and waiting.

1. **Returning teams with SAME sponsor** - Turn in team application, roster, registration fee, and non-resident fees**.
2. **Returning teams with NEW sponsor** - Turn in team application and roster only. Fees will not be collected at the organizational meeting. Deadline of payment will be announced at the organizational meeting.
3. **New teams** - Turn in team application and roster only. New teams are accepted and placed in leagues on a first-come, first-serve basis. Fees will not be collected at the organizational meeting. Deadline of payment will be announced at the organizational meeting.

Players will be able to play on both power and recreational league.

Teams not represented at the organizational meeting will risk losing their spot in the league or be placed in the league at the discretion of those in attendance.

Fees: \$200.00 per team plus \$6.00 for each non-resident**. All fees (including non-resident fees) are due by the established deadline or a \$25.00 late fee will be charged. Sponsor and/or players may divide the fee however they wish. The following is a breakdown of the team fee:

1 official per match @ \$13.50 ÷ 2 teams x 16 matches =	\$108.00
Social Security \$108.00 x 7.65% =	8.26
Workers Compensation \$108.00 x 3.29% =	3.55
Contingency (balls, first aid supplies, prizes, admin fees, etc.) =	25.76
Facility Rental 16 x \$2.75(heating, electric, clean-up, repairs) =	44.00
Taxes: \$189.57 @ 5.5% =	10.43
TOTAL TEAM FEE =	\$200.00

<u>Player cost per night/season</u>
\$200.00 ÷ 16 nights = \$12.50 each night
\$12.50 ÷ 6 players = \$2.08/player/night
Resident - \$33.28/player for the season
Non-Resident - \$39.28/player for the season

Non-Resident Player Fees:

** Each individual playing volleyball who is not a city resident will be charged a \$6.00 fee per team they are playing on (*Residency = your home address. City residents vote at Wildwood Station, Marshfield Senior Center, and Oak Ave. Community Center*). This fee is due when paying for the league. Non-Resident fees and league administration fee are intended to help offset the administrative cost to run this program, which is already paid by city residents through their property taxes. Please call our office if you'd like to verify if a player is a city resident at 715-384-4642 ext. 0. The \$6.00 fee covers the entire 2016-17 season per team.

If you are not the manager of your team this year, please pass this along to the appropriate individual. Thank you.

For Office Use Only	
Date Received	_____
Time Received	_____
Lg. Last Year	_____
Lg. This Year	_____

Marshfield Parks & Recreation 2016-17 Adult Volleyball League Application

New Team Returning Team - Night of week played last year _____

Men's Men's A1 Women's Women's Power 4's Co-Rec Co-Rec Power 4's

Your League Last Season: A - _____ Would you like to... Move Up Move Down Stay Where We Are

Name of Team Last Season _____

Name of Team This Season _____

Name of Team Manager _____

Team Manager's Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email Address _____ Cell Carrier (text messages) _____

Date of Birth (Mo/Day/Yr) / _____ / _____ (required)

Sponsor Information: _____

Name of Contact Person _____

Name of Sponsoring Business _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

IMPORTANT: Please note that rosters are not considered complete if there is any information missing or any fees left unpaid. All information such as addresses are subject to verification. Schedules will not be released or posted on the web until all rosters are complete.

.....
For Office Use Only

Co-Rec \$200 Co-rec Power 4's \$137 Women's \$200 Men's \$200 Men's A-1 \$152.70

League Fee: \$ _____ Date Paid _____ / _____ / _____

Non-Resident Fees:

Qty _____ x \$6.00 = \$ _____ Date Paid _____ / _____ / _____ Qty _____ x \$6.00 = \$ _____ Date Paid _____ / _____ / _____

Qty _____ x \$6.00 = \$ _____ Date Paid _____ / _____ / _____ Qty _____ x \$6.00 = \$ _____ Date Paid _____ / _____ / _____

Qty _____ x \$6.00 = \$ _____ Date Paid _____ / _____ / _____ Qty _____ x \$6.00 = \$ _____ Date Paid _____ / _____ / _____

Late Fee: \$25.00 Date Paid _____ / _____ / _____

Other Fees: _____ \$ _____ Date Paid _____ / _____ / _____

Information Verified Players Enrolled in ActiveNet Roster Complete All Fees Paid in Full

For Office Use Only
League: _____

Adult Volleyball Roster

Date _____

Please list all players who will be playing on your team, including subs. **There is an 8-player minimum and 15-player maximum.** All information (including birth dates) is required. *(Please note: rosters are not considered complete if there is any information missing or any fees left unpaid. Schedules will not be released or posted on the web until all rosters are complete. All information is subject to verification.)*

I certify that the information on this application & roster is correct. _____
Signature of team manager

Full Name (Manager Name on line 1)	Primary Residence: Street Address, City, State, Zip	Phone #	Date of Birth (mo/day/yr)	For Office Use Only		
				NR	Pd	Added
1.			/ /			
2.			/ /			
3.			/ /			
4.			/ /			
5.			/ /			
6.			/ /			
7.			/ /			
8.			/ /			
9.			/ /			
10.			/ /			
11.			/ /			
12.			/ /			
13.			/ /			
14.			/ /			
15.			/ /			