Parks and Recreation (715) 384-4642

City of Marshfield City Hall Plaza 630 S. Central Avenue P.O. Box 727 Marshfield, Wisconsin 54449-0727

TO: 2012-2013 Volleyball Team Managers (Women, Co-Rec, Men)

FROM: Kelly Cassidy, Parks & Recreation Supervisor 2013-2014 Volleyball League Information RE:

August 8, 2013 DATE:

The 2013-2014 Volleyball League Organizational Meeting will be held on Wednesday, September 18th 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 by which we will accept teams. Team registration deadline (due in the Park and Recreation office) is Thursday, September 12th by 2:00 p.m. or a \$25.00 late fee will be charged. You may turn in your roster any time before September 12th 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.
- New teams Turn in team application and roster only. New teams are accepted and placed in leagues on a firstcome, first-serve basis. Fees will not be collected at the organizational meeting. Deadline of payment will be announced at the organizational meeting.

There is interest to start a Women's 4-player Power League. If you have a team, please fill out an additional roster form. Players will be able to play 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

Player cost per night

 $200.00 \div 16 \text{ nights} = 12.50 \text{ each night}$ $$12.50 \div 6 \text{ players} = $2.08/\text{player/night}$

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.

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	
Tim Received	
Lg. Last Year	
Lg. This Year	

Marshfield Parks & Recreation 2013-14 Adult Volleyball League Application

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	Name of Tea	m Manager				
	Team Manag	er's Address				
	Phone (H)		(W)		(C)	
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Adult Volleyball Roster

For Office Use Only	
League:	

	Date	-
Name of Team		_
Name of Manager	Phone	
Address		
City	State Zip	
(including birth dates) is required. Please note ro	eam, including subs. There is an 8-player minimum and 15-player maximum. All informaters are not considered complete if there is any information missing or any fees left unpub until all rosters are complete. Information (such as addresses) is subject to verification.	oaid

l certify that the information on this application & roster is correct.

Signature of team manager

Primary Residence: Street Address, City, State, Zip	Phone #	Date of Birth (mo/day/yr)	F	or Offi	ice Use Only		
Street Address, City, State, Zip	Phone #	(mo/day/vr)	, ,		For Office Use Only		
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