



MANSFIELD PARK AND RECREATION DEPARTMENT
Six Park Row, Mansfield, MA 02048
508.851.6458

RECREATIONAL VOLLEYBALL 2018/19

WHO: Mansfield Residents & Non-Residents ages 18+
WHAT: Co-ed pick-up volleyball; officials are not provided.
WHERE: Robinson Elementary School, 245 East Street, Mansfield

WHEN: Session I
Mondays – 2018
7:00-9:00pm
September 10 to December 17
Session II
Mondays - 2019
7:00-9:00pm
January 7 to June 10



COST: \$45 per session for residents,
\$55 per session for non-residents
Please make checks payable to, Town of Mansfield
Any returned checks will be subject to a \$25.00 service charge.

To register: You may email us at recreation@mansfieldma.com to reserve a place for the league. You then have 5 working days to turn in this registration form and payment or your reservation will be relinquished. You may register by mail or in person at the Town Hall at Six Park Row. The office is open Monday, Tuesday, and Thursday from 8am to 4pm, Wednesday from 8am to 8pm and Friday from 8am to noon.

- There is also a drop box at the corner of Park Row and South Main St. Please label envelopes "Recreation Department"

Refund Policy: There is a \$10.00 non-refundable service charge on all refunds. Refunds will not be granted once the session has begun.

- Times may change due to school and community program scheduling.

- The Park & Recreation Department reserves the right to cancel programs due to a lack of registration.

- For questions concerning play due to weather conditions or school activities, call the office at 508.851.6458.

We follow the school cancellation policy.

(Please retain this information for your files)

ADULT RECREATIONAL VOLLEYBALL 2018/19

Session I & II: _____

Session I: _____

Session II: _____

Name _____ Age _____ Home Phone _____

Address _____ Cell Phone _____

Street

Town

Email: _____

I, the undersigned, will not hold the Town of Mansfield or any of its employees, volunteers, Recreation Commission, Park & Recreation Director, the Mansfield School Department, liable in the event of a mishap, personal injury, damage or loss of property during the above listed event.

Signature _____ Date _____ Amt. Paid _____