

2020 Adult Co-Rec Sand Volleyball League Information



316 Brookview Parkway
Golden Valley, MN 55426
parkandrec@goldenvalleymn.gov

League Director

John W. Stutzman, CPRP
763 512 2340
jstutzman@goldenvalleymn.gov

Weather Cancellation Line

763 512 2350

Registration

Registrations are accepted online or via mail, email, and in person.

- Summer: 3/23 4/24
- Fall: 7/6 8/7

Game Location

Brookview Park
200 Brookview Parkway
Golden Valley, MN 55426

2020 League Fees
Summer: \$250
Fall: \$150

These leagues feature matches consisting of 3 games played to 25 points using a rally scoring system and played under a 1 hour time limit. Teams should consist of 3 male and 3 female players, however a legal team may consist of 4 females and 2 males. All players must be at least 18 years of age. No games June 30 and July 2.

Rosters

Submit using the online registration after signing into your account:

- Use "My Account" menu to select "Teams"
- Click "Update" to desired team
- Click "Add New Player" to input all players names, phones, & emails
- Click "Save" to complete the roster

League Designations

- Silver: For recreational teams seeking a moderately competitive experience.
- Bronze: A fun and recreational experience with a low level of competition.

Day	Leagues	Season	Game Times	Game Times
Tuesdays	Bronze	Summer	May 5-July 28 <i>(with playoffs)</i>	6:15, 7:15, 8:15, & 9:15pm
Thursdays	Silver	Summer	May 7-July 30 <i>(with playoffs)</i>	6:15, 7:15, 8:15, & 9:15pm
Tuesdays	Bronze	Fall	Aug 18-Sept 22	6:00 ,7:00, & 8:00pm
Thursdays	Silver	Fall	Aug 20-Sept 24	6:00 ,7:00, & 8:00pm

League Day: Tues ___ Thurs ___		League Season: Summer ___ Fall ___	
Team Name: _____			
Was your team in a Golden Valley league last year? ___ Yes ___ No If yes, in what season and night did you previously play? _____			
Manager: _____		Are you a new manager of this team? ___ Yes ___ No	
Address: _____		Email Address: _____	
City: _____		Home Phone: _____	
Zip Code: _____		Work/Cell: _____	

Registrations will not be accepted without full payment

Cardholder's Name: _____	Auth Amt. \$ _____
Credit Card: _____	Exp: _____
Security Code: _____	Cardholder Signature: _____

The City of Golden Valley does not carry medical insurance and is not responsible for injuries sustained by volleyball participants. Players/Teams are responsible for providing their own insurance in case of injury.