



CITY OF  
**CHANHASSEN**

Volleyball Kit Application

**Applicant Information**

Date		
Last Name	First Name	Middle Name
Address	City/State	Zip
Work Phone	Home Phone	

Requested Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Rental Fee: \_\_\_\_\_ \$15/Day \_\_\_\_\_ \$20/Weekend

**Kit Includes:**

- 1 Carrying Bag
- 1 Net and Poles
- 1 Boundary Rope
- 1 Boundary Rope Carrier
- 2 Pole Tension Ropes
- 4 Pole Stakes
- 4 Boundary Stakes
- 1 Volleyball

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Submit Application with payment**

**to:**

**City of Chanhassen**  
**7700 Market Blvd.**  
**PO Box 147**  
**Chanhassen, MN 55317**  
**Or fax to 952-227-1110**  
**Questions – 952-227-1100**

Notes: \_\_\_\_\_  
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