

**XCELERATION VBC
2011 CLINIC REGISTRATION FORM**

REMEMBER TO E-MAIL ['JROSSES@AOL.COM'](mailto:JROSSES@AOL.COM) TO RESERVE A SPOT FOR THE CONCORD CLINICS!!!

PLAYER FIRST NAME: _____

PLAYER LAST NAME: _____

VOLLEYBALL AGE GROUP: _____

STREET ADDRESS: _____

CITY: _____

ZIP CODE: _____

SCHOOL: _____

HOME PHONE: _____

PLAYER CELL PHONE: _____

PLAYER'S E-MAIL: _____

PARENTS NAMES: _____

PARENTS' E-MAIL: _____

PARENTS' CELL PHONE: _____

PREVIOUS CLUB EXPERIENCE: _____

**CLINIC DATES ATTENDING:
(check the ones you are paying for)**

SEPTEMBER 18

SEPTEMBER 25

OCTOBER 2

OCTOBER 16

OCTOBER 23