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**2020/2021 Fall Clinic Sign Up**

|  |  |  |  |
| --- | --- | --- | --- |
| Players Name: |  | Age: |  |
| Parents Name: |  | DOB: |  |
| Parents EMAIL: |  | Primary # |  |
| Mailing Address: |  | Emergency # |  |
|  |  | Fee amount submitting: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School |  | Grade |  |

**Evergreen Region/USA Volleyball**

|  |  |  |
| --- | --- | --- |
| **Current Member** |  | **Must show card at 1st day** |
| **Non-Member** |  | **Add $15 to cost for insurance coverage of non members** |  |

Session #1: October 1st to November 15th {grades 3rd to 6th}

Mountainside Player $120 - Non Club Member Player $150

Session #2: November 15th to December 22nd {grades 7th to 12th}

Mountainside Player $160 – Non Club Member Player $190

Session interest in (circle one): #1 / #2 .

Would you like to be contacted with info on joining our 2021 team sessions? (Circle one) Yes / No

COMMENTS/NOTES: