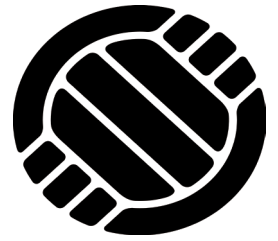




YOUTH (GRADES 3-8) VOLLEYBALL



Early Registration: Jan 8 - March 18 **Late Registration** (\$10 T-shirt) March 19 - 25
Registration Fee: \$35 Member / \$70 Non-Member

GENERAL INFORMATION:

- **Location:** Main Gym & Parker Hall at the Downtown Janesville YMCA.
 - **Divisions:** 3rd-4th grade; 5th-6th grade; 7th-8th grade
- **Games:** Tuesdays for 3rd-6th grade and Thursdays for 7th & 8th grade in the evenings.
Coaches will inform players of practice and game times after the coaches meeting.

SEASON INFORMATION:

Practices Begin: Week of April 2
First Game: Week of April 9
Last Game: Week of May 21

COACHES WANTED:

The Volunteer Coach is the most important key to a successful season. We are always looking for talented and dedicated adult volunteers to serve as volunteer coaches.

For More Information Contact Trent Henning at thenning@ymcajanesville.org.

YMCA OF NORTHERN ROCK COUNTY

Downtown Janesville - 608.754.YMCA - 221 Dodge St. Janesville, WI 53548
www.ymcajanesville.org

Youth Volleyball Registration Form—One Form Per Person

Register by mail, in person or fax credit card information to 608-754-9024 attention Trent Henning.

Child's Name: _____ M / F
 School: _____ Grade: _____ Age: _____ Birth Date: _____
 Contact Name: _____ Contact Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Member Non-Member

PLEASE MARK THE DIVISION YOUR CHILD IS IN:

3rd & 4th - Tues. 5th & 6th - Tues. 7th & 8th - Thurs.

SHIRT SIZE: Child S Child M Child L Adult S Adult M Adult L Adult XL

If you would like to be placed with a specific coach or on a specific team please let us know in the space provided.

Special Requests cannot be honored if registration is received during late registration periods.

SPECIAL REQUEST: _____

I WOULD BE WILLING TO VOLUNTEER AS A: Coach Assistant Official

Name: _____ Phone: _____ I am interested in sponsoring a Youth Sports Team please contact:

Name: _____ Phone: _____



Payment Method

- Cash (in person only)
- Check # _____
- Credit Card Visa Master Card

*Refunds may only be issued if the YMCA cancels a program

Name on Card _____
 Card # _____
 Expiration Date _____
 3-Digit Verification Code (on back of card) _____
 Signature _____
AMOUNT ENCLOSED _____