



## Summer Volleyball Clinics!

drop in. improve your skills.  
make friends. have fun.

Player Name		DOB	
School Name		Age	
NCVA #		EXP Date	
Parent Name			
Parent Cell			
Parent Email			
Next year grade			
Are you registered with NCVA? (Circle answer)	<input type="checkbox"/> yes <input type="checkbox"/> no		

\*You MUST be registered with the NCVA to participate in clinics or to tryout. ([Register online at ncva.com](http://ncva.com))