



Clinics Information Sheet
(Print Clearly)

Player Name: _____ Age: _____

Birthday: _____ Grade: _____ School: _____

Parents' Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

Sizes: Jersey _____ T-Shirt _____ Spandex _____

Payment Included:

\$200 Monthly Due _____

\$100 Initiation Fee _____

(Covers 2 t-shirts, knee pads, socks, spandex, online account set-up, administration)

Mail to:

Goldenwest VBC

1500 S Anaheim blvd

Anaheim CA 92805 Suite 130A

In order to properly staff the clinics, please mail in dues by Dec 31, 2009. Make checks payable to Goldenwest Volleyball. If you have any questions, email clinics@goldenwestvbc.com