

RidgeValley VBC
Lil' Rookies Program
2010-11 Registration

Participant: _____

Age: _____ School: _____

Grade: _____
(Must be under 7th grade)

Volleyball Goals (what do you want to get out the program):

Previous volleyball experience:

Address:

Phone: _____ Other

Contact# _____

Email _____

Parent's Signature:

Please RSVP your registration to ridgevalleyvbc@gmail.com or call 253-569-8075.

Please include name and contact information. Registration forms and fees will be collected onsite. Must have medical release, concussion form and registration form filled out and check made out to RidgeValley VBC.

\$105.00 for 6 spring sessions

\$20 for each session