

BISHOP CHATARD VOLLEYBALL CLUB REGISTRATION FORM

The deadline for registration is WEDNESDAY, DECEMBER 10th, 2008 or until full. Don't delay, there is limited space and the spots fill quickly.

PLAYER'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP CODE _____

GRADE _____ SCHOOL _____

PLAYER'S BIRTH DATE (including year) _____ AGE _____

PARENT'S NAME _____ CELL PHONE _____
_____ CELL PHONE _____

_____ I have enclosed the \$200.00 registration fee.

_____ I have enclosed the full club fee of \$435.00

I understand that the \$200.00 registration fee is non-refundable after the parent meeting.

PARENT SIGNATURE: _____

PARENT E-MAIL ADDRESS _____
(We will use this e-mail address for communications)

PLEASE MAKE CHECKS PAYABLE TO JILL STARLIPER.

Send registration to:

JILL STARLIPER
7744 Graham Road
Indianapolis, IN 46250

Circle your choice of uniform size:

T-shirt size: youth medium youth large adult small adult medium adult large adult XL

Sweatshirt size: youth large adult small adult medium adult large adult XL

Spandex short size: adult extra small adult small adult medium adult large adult XL

Knee pads: regular size youth size (you would only want these if you have really skinny legs)