2013 PRAIRIE POWERHAWKS VOLLEYBALL CLINIC <u>HAS ARRIVED !!!!</u> 3rd and 4th Graders

Practice at Prairie Creek on Mondays

*** Call our hotline for cancellations & updates ***319-846-1665** Mon. Nov. 11th 7:00pm-8:00pm Prairie Creek Mon. Dec. 2nd 7:00pm-8:00pm Prairie Creek

Mon.	Nov. 18th	7:00pm -8:00pm P	Prairie Creek	Mon.	Dec. 9th	7:00pm-8:00pm Prairie Creek
Mon.	Nov. 25th	7:00pm-8:00pm P	Prairie Creek	Mon.	Dec. 16th	7:00pm-8:00pm Prairie Creek

Fee: \$30.00 (goes towards t-shirt, insurance, coaching, and equipment) Make checks payable to Prairie Volleyball

This is a fun and enjoyable opportunity to learn volleyball skills. If you have a conflict with any of the possible days, feel free to join us on the days that fit your schedule. **Current players in our program will be assisting.**

*** BRING THIS <u>COMPLETED FORM</u> with MONEY ON THE FIRST DAY OF PRACTICE TO REGISTER! Please do NOT mail it.

If you have any questions, please e-mail Stephanie Klein at sklein@prairiepride.org

Name 1				ency Phone:	Grade	
Teacher E-MAIL						
T-shirt Size	YS	YM	YL	AS	AM	AL (circle one)

This form MUST BE SIGNED FOR THE PARTICIPANT TO TAKE PART: Liability Waiver

I hereby release and forever discharge all sponsors of Prairie PowerHawks Volleyball League, including but not limited to College Community Schools, their agents, servants, and all persons connected with this program, of and from any and all rights, whom I am approving participation in the Prairie PowerHawks league program.

Participants Name _____ Date _____

Signature of Parent or Guardian

2013 PRAIRIE POWERHAWKS VOLLEYBALL CLINIC <u>HAS ARRIVED !!!!</u> 5th and 6th Graders

Practice at Prairie Creek on Mondays

*** Call our hotline for cancellations & updates ***319-846-1665**

Mon.	Nov. 11th	8:00pm-9:00pm	Prairie Creek	Mon.	Dec. 2 nd	8:00pm-9:00pm	Prairie Creek
Mon.	Nov. 18th	8:00pm-9:00pm	Prairie Creek	Mon.	Dec. 9th	8:00pm-9:00pm	Prairie Creek
Mon.	Nov. 25th	8:00pm-9:00pm	Prairie Creek	Mon.	Dec. 16th	8:00pm-9:00pm	Prairie Creek

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Teacher E-MAIL						
T-shirt Size	YS	YM	YL	AS	AM	AL (circle one)

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Participants Name _____ Date _____

Signature of Parent or Guardian