

2015 PRAIRIE POWER HAWKS VOLLEYBALL CLINIC HAS ARRIVED !!!!

3rd and 4th Graders

Practice at Prairie Creek on Mondays

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

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

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@crprairie.org

*****REGISTRATION FORM****

Name			Emerge	ncy Phone:	Grade		
Teacher							
E-MAIL					-		
T-shirt Size	YS	YM	YL	AS	AM	AL (circle one)	
	This for	m MUST BE S	IGNED FOR	THE PARTIC	IPANT TO TAKE	PART: Liability Waiver	
	ege Commui	nity Schools, the	eir agents, sei	rvants, and all p		awks Volleyball League, including b ith this program, of and from any a	
Participant'	s Name _				Date		
Signature o	f Parent o	r Guardian _					



2015 PRAIRIE POWERHAWKS VOLLEYBALL CLINIC HAS ARRIVED !!!! 5th and 6th Graders

Practice at Prairie Creek on Mondays *** Call our hotline for cancellations & updates ***319-846-1665**

Mon. Nov. 16th Mon. Dec. 7th No School - No Power Hawks 6:00pm-7:00pm Prairie Creek Mon. Nov 23rd Mon. Dec. 14th 6:00pm-7:00pm Creek 6:00pm-7:00pm Prairie Creek Mon. Nov 30th Mon. Dec. 21st 6:00pm-7:00pm Creek 6:00pm-7:00pm Prairie Creek

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

> 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.

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		**	***REGIST	RATION FORM	1 ****		
Name			Emerge	ency Phone:		Grade	
Teacher							
E-MAIL							
T-shirt Size	YS	YM	YL	AS	AM	AL (circle one)	
	This for	rm MUST BE S	IGNED FOR	R THE PARTIC	IPANT TO TAKE I	PART: Liability Waiver	
	ege Commu	nity Schools, the	eir agents, se	rvants, and all p		wks Volleyball League, including bu ith this program, of and from any a	
Participant'	s Name _				Date		
Signature o	f Parent o	r Guardian					