

2016 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**

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) Van Hemert at sklein@crprairie.org

*****REGISTRATION FORM****

Name			Emerge	ency Phone:		Grade		
Teacher				School Build	ing Attending	ttending		
E-MAIL								
T-shirt Size	YS	YM	YL	AS	AM	AL (circle one)		
	This for	m MUST BE S	IGNED FOR	THE PARTICI	PANT TO TAKE	PART: Liability Waiver		
	ege Commu	nity Schools, the	eir agents, se	rvants, and all p		wks Volleyball League, including lith this program, of and from any		
Participant'	s Name _				Date			
Signature of	f Parent o	r Guardian _						



Mon. Nov. 14th

Mon. Nov 21st

Mon. Nov 28th

2016 PRAIRIE POWER HAWKS VOLLEYBALL CLINIC <u>HAS ARRIVED !!!!</u> 5th and 6th Graders

Mon. Dec. 5th No School - No Power Hawks

Mon. Dec. 12th 7:00pm-8:00pm Creek

Mon. Dec. 19th 7:00pm-8:00pm Creek

Practice at Prairie Creek on Mondays

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

7:00pm-8:00pm Prairie Creek

7:00pm-8:00pm Prairie Creek

7:00pm-8:00pm Prairie Creek

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	skills.	If you ha	ve a conj	lict with an		volleyball rible days, feel						
	free to	o join us o	n the day	s that fit yo	ur schedule.							
	Curre	ent players	in our p	rogram wil	l be assistin	g.						
**	* BRIN	G THIS	COMI	PLETED 1	FORM wi	th MONEY						
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If	you have	any question		e e-mail Step @crprairie.o		Van Hemert at						
		:	*REGISTI	RATION FORM	****							
Name			Emerge	ncy Phone:		Grade						
Teacher	School Building Attending											
E-MAIL												
T-shirt Size	YS	YM	YL	AS	AM	AL (circle one)						
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Participant'	s Name _				Date							
Signature o	f Parent o	r Guardian _										