

**Alexandria Volleyball Club
Non-Traveling Team Registration**

January - March
8 - 90 minute practices
Cost - \$100.00

Player Name _____

Grade _____ School _____ Date of Birth _____

Parent(s) Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Alexandria Volleyball Club Checklist

Team Fee \$100.00 _____ AVC Member info sheet _____

USA Volleyball Medical Form _____

**** If you are printing the forms from our website, make sure you have included all 3 forms stated in this section. Mail all of the forms, along with a check, to: Alexandria JO Volleyball Club**

**P.O. Box 93
Alexandria, MN 56308**