

___ Full Season ___ Half Season

Eastside VBC, Inc.

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East Peoria, IL. 61611

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Email: Director@Eastsidevb.com

Website: www.eastsidevb.com

CLUB VOLLEYBALL
REGISTRATION FORM

(Please Print Legibly & fill in ALL blanks)

Name: _____ Age: _____

Address: _____ DOB: _____

City: _____ State: _____ Zipcode: _____

Email Address: _____ Phone: _____

School Name: _____ Grade: ___ Cell Phone: _____

Level of school ball: _____ Position(s): _____

Fathers Name: _____ Mothers Name: _____

Employed by: _____ Employed by: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Activities that could conflict with practice and tournaments: _____

Uniform Size / Physical Information					
Uniform Top	_____	Spandex	_____	Height	_____
Warm-up	_____	T-Shirt	_____	Vertical	_____
Payment Information					
Date - 1st pmt.	_____	Amount Paid	_____	Pmt. Type	_____
Date – 2nd pmt.	_____	Amount Paid	_____	Pmt. Type	_____
Date – 3rd pmt.	_____	Amount Paid	_____	Pmt. Type	_____
Credit Card No:	_____			Expiration	_____