



**Bartonville Area Volleyball Club**  
**bavc.weebly.com**

**VOLLEYBALL REGISTRATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_ Cell Phone: \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Uniform Top Size \_\_\_\_\_

**Participation Fees: \$85 Volleybrats**

1st Payment Due at Registration: **\$85** Amount Pd: \_\_\_\_\_ Pmt. Type: \_\_\_\_\_

Notes: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Player Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_