

Player Name: _____ **12U (4th-6th grade) FULL SEASON**

Uniform Sizes

*Returning Player Jersey # _____ **White Long Sleeve Jersey:** xs ___ s ___ m ___ l ___ xl ___

Practice Shirt: yl ___ s ___ m ___ l ___ xl ___ **Black Spandex:** ym ___ yl ___ s ___ m ___ l ___ xl ___

Black Pocket Sweatshirt: yl ___ s ___ m ___ l ___ xl ___ **Black Sweatpant:** ym ___ yl ___ s ___ m ___ l ___ xl ___

Backpack: _____ **Ball:** _____

Uniform Fee: New Players **\$260.00**; Returning 12U Player **\$80.00** (Practice shirts, jersey)

*See us for pricing on replacement items from previous season uniform package.

Fee Payment *Please write Player Name/Age group on all checks.

Option 1- Club Dues \$1200 + Uniform \$ _____ + Replacements \$ _____ = \$ _____ check # _____

*Please make checks out to "IPV" or Club Payment Form. *3% service charge.

OR

Option 2- Pay in 4 installments

1st- \$400 (due at Parent Meeting) + Uniform \$ _____ + Replacements \$ _____ = \$ _____ Ck# _____

2nd- \$300 Ck # _____ *Please make out to "IPV", post date check for 11/15/2018

3rd- \$300 Ck # _____ *Please make out to "IPV", post date check for 12/15/2018

4th- \$200 Ck # _____ *Please make out to "IPV", post date check for 1/15/2019

*Charge payments are accepted by using Club Payment Form. *3% service charge.

Contact Information *Please Print *Disregard this section if you completed the Contact/Participation Form

Parent(s) Name : _____ Player Name: _____

Player B-day: _____ Phone Number (Home): (_____) _____

Parent (Cell): (_____) _____ Parent (Cell): (_____) _____

Player (Cell): (_____) _____ (optional)

Address: _____ Town: _____ Zip: _____

*Please print email address clearly using 1 for number one, Ø for zero.

Email (Parent): _____ ; _____

Email (Player): _____ (Optional)

*We communicate by email, text, IPV website and Illinois Performance Volleyball Facebook.