

Player Name: _____ **15 & Up (High School) FULL SEASON**

Uniform Sizes *Retuning Player Jersey # _____

Blue Short Sleeve Jersey: xs ___ s ___ m ___ l ___ xl ___ **White Long Sleeve Jersey:** xs ___ s ___ m ___ l ___ xl ___

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

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

Backpack: _____ **Ball:** _____

Uniform Fee: New Players **\$325.00**; Returning Player **\$80.00** (Practice shirts, backpack); Retuning Partial Season Player **\$150.00** (Practice shirts, jersey, spandex, backpack)

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

Option 1-

Club Dues \$2200 + Uniform \$ _____ **+ Replacements \$** _____ **= \$** _____ **Ck#** _____

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

OR

Option 2- Pay in 4 installments

1st- \$600 (due at Parent Meeting) **+ Uniform \$** _____ **+ Replacements \$** _____ **= \$** _____ **Ck#** _____

2nd- \$600 Ck # _____ *Please make out to "IPV", post date check for 12/15/2018

3rd- \$500 Ck # _____ *Please make out to "IPV", post date check for 1/15/2019

4th- \$500 Ck # _____ *Please make out to "IPV", post date check for 2/15/2019

*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.