## 4-H Volleyball Registration Form

## DUE MARCH 17th

Volleyball Game Days:
April 6 $6^{\text {th }} \& 7$ th
Neillsville High School


Please complete and return with payment to:
Extension Clark County
517 Court Street, Room 104
Neillsville, WI 54456
Email: ClarkCounty4H@co.clark.wi.us Fax:715-743-5129
Questions: 715-743-5121
Chairs: Brittney Lowry
Make the $\$ 20$ non-refundable check payable to: 4-H Leaders Federation
A roster must be completed for each team.
No additions to rosters allowed after March $17^{\text {th }}$.

4-H Club
We will have the following number of teams: $\qquad$ A team(s) $\qquad$ B team(s) $\qquad$ C team(s)

You agree to the following guidelines (please initial each item):
__ Each player will wear appropriate foot attire
Modest sporting event attire will be worn by all players, coaches, and spectators for my team(s) Manners will be used throughout the competition
Referees are human; my teams and I will do our best to respect the play calling during each match We will provide a line judge for each match (over the age of 16)
___ One or two members will cover the scoreboard after each game OR we will ask the scoreboard attendant(s) if they want to rotate out
__ We will double check our seating area and pick up any trash my team, club, or others may have left behind and place it in the proper receptacle
___ I understand that if my team places first or second in this tournament we will be required to stay and help clean the facility prior to our departure

A LEAGUE (12 and older)

| Coach (1): | Coach (2): |
| :--- | :--- |
| Address: | Address: |
| Phone(s): | Phone(s): |
| Email: | Email: |


| A Team (one) | A Team (two) | A Team (three) |
| :--- | :--- | :--- |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |

## B LEAGUE (13 and younger)

| Coach (1): | Coach (2): |  |
| :--- | :--- | :--- |
| Address: | Address: |  |
| Phone(s): | Phone(s): |  |
| Email: | Email: |  |
| B Team (one) |  |  |
| 1 | B Team (two) |  |
| 2 | 1 | 1 |
| 3 | 2 | B Team (three) |
| 4 | 3 | 2 |
| 5 | 4 | 3 |
| 6 | 5 | 4 |
| 7 | 6 | 5 |
| 8 | 7 | 6 |
| 9 | 8 | 7 |

C LEAGUE (5-10)

| Coach (1): | Coach $(2):$ |
| :--- | :--- |
| Address: | Address: |
| Phone(s): | Phone(s): |
| Email: | Email: |


| C Team (one) | C Team (two) | C Team (three) |
| :--- | :--- | :--- |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |

## Referees Needed

Do you know any youth who would be able to referee on Saturday, March $25^{\text {th }}$ or Sunday, March $26^{\text {th }}$ ? They would be paid $\$ 5$ for each game. Please list referee suggestions with contact information below:

Name
Days Available
Contact Information

1. $\qquad$
2. $\qquad$
3. $\qquad$
4. $\qquad$
