DES MOINES CO-ED VOLLEYBALL CLUB REGISTRATION (2010-2011)

REGISTER EARLY – ROOM IS LIMITED

Note: DMCVC starts at North High School -- Monday, October 4, 2010 @ 6:30 p.m. Mail your form/$ by 9/15/10

Please **PRINT and fill out **COMPLETELY**.**

Name:_____
Last First

Address:_____
Street

_____
City State Zip Code

Phone: Home: _____ Work: _____

Birthdate: _____ Male _____ Female _____

EMail_____

Note: DMCVC will include your name, home phone, work phone, e-mail address, and home address for our club directory to be distributed to other club members. It will not be shared with any other organizations. If you do not want your information included in the directory, please indicate below:

_____ No, please do not include my information in the DMCVC Directory.

FEES: Social Membership $10.00
Social Membership w/ T-shirt $15.00
Full Membership (Social + Monday's) $60.00
(DMCVC T-shirt included in $60 fee only)
T-shirt Size_____

DMCVC social functions are open to all. Any Membership level entitles you to partake of club funded items at social functions (food/drink, etc). The $60 Full Membership runs Starting Oct. 4, 2010 for 26 weeks

MAKE CHECKS PAYABLE TO: Community and Adult Ed.

(Please note: social memberships should be made payable to DMCVC)

MAIL TO: Jolene Luers
1334 E Ovid Ave
Des Moines, IA 50316

If Questions: call Jolene at 240-8991
or Jana at 669-3271

Please refer to our web site for more information: www.dmvolleyball.org

****Reminder: Club will be scheduled from 6:30-9:00 with time to be adjusted as school schedules change***

PLAYER RELEASE

I do hereby agree to release Des Moines Community and Adult Education, the Des Moines Co-ed Volleyball Club, its Board Members, and the Des Moines School District from liability for any physical injuries that may occur while participating in volleyball club programs.

_____ _____
Date Signature

FOR CLUB USE ONLY

Date Joined _____

Amount Paid _____ Cash _____ Check No. _____