

**WINDJAMMER  
2018 JUNIORS SUMMER BEACH LEAGUE**

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**SKILLS CLINIC NIGHTS**  
**Mondays & Wednesdays: June 11, 13, 25, 27, July 9, 11**

**\$75/Player + 2018 VolleyAmerica Membership is required!**

*Coaches will instruct and run drills for players to improve both individual beach skills and team play.  
Coaches: Kreg Togami, Laura Togami & Kaleb Jenness*

**LIMITED  
SPACE  
AVAILABLE!**

4:30pm - 5:30pm	<u>12 &amp; Under (GIRLS / BOYS)</u>
5:30pm - 6:30pm	<u>14 &amp; Under (GIRLS / BOYS)</u>
6:30pm – 7:30pm	<u>16/18 &amp; Under (GIRLS / BOYS)</u>
6:30pm – 7:30pm	<u>COLLEGE GIRLS</u>

**LIMITED  
SPACE  
AVAILABLE!**

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**GAME NIGHTS**  
**Mondays & Wednesdays: June 4, 6, 18, 20, July 16, 18**

**\$150/Team + 2018 VolleyAmerica Membership is required for each player!**

**NOTE: Ages as of September 1, 2018– You must play in division of the oldest player on team.  
\*\*\*Times are Subject to Change, based on participation numbers.**

4:30pm – 6:00pm	<u>12 &amp; Under (GIRLS / BOYS) – Doubles or Triples (Your choice)</u>
4:30pm – 6:00pm	<u>14 &amp; Under (GIRLS / BOYS) – Doubles</u>
6:00pm – 7:30pm	<u>16 &amp; Under (GIRLS / BOYS) – Doubles</u>
6:00pm – 7:30pm	<u>18 &amp; Under (GIRLS / BOYS) – Doubles</u>
6:00pm – 7:30pm	<u>COLLEGE GIRLS - Doubles</u>

**SUBSTITUTION POLICY:**

- **MUST** be registered with VolleyAmerica and have a 2018 VA #.
- Will **NOT** receive a League t-shirt; however, can purchase a t-shirt for \$10.

## REGISTRATION:

PD AMT: CASH/ Check #
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- **To Register for VolleyAmerica, please go to [www.volleyamerica.com](http://www.volleyamerica.com) Register under the Org/Beach Club, “Jammer Volleyball”. The cost is \$15 online.**
- **To Register for League: Fill out form below, Print, and Mail or drop off by June 1<sup>st</sup> to: The Windjammer, PO Box 485, Isle of Palms, SC 29451, along with cash or check made payable to Laura Togami. MUST have 2018 VA # to participate!**
- **For questions, please contact Laura Togami at [lktogami1@gmail.com](mailto:lktogami1@gmail.com)**

Team Name	
Age Division	

	Player 1	Player 2
Players Name		
Registering For	CLINIC SKILL NIGHT / GAME NIGHT (Circle One or Both)	CLINIC SKILL NIGHT / GAME NIGHT (Circle One or Both)
Age/Birthdate		
Phone #		
VA #		
E-Mail (PRINT)		
Parents Name		
T-Shirt Size		

	Player 3 (For 12 & Unders ONLY)	<b>SUBS ONLY NEED TO HAVE VA #'s</b>
Players Name		
Registering For	CLINIC SKILL NIGHT / GAME NIGHT (Circle One or Both)	
Age/Birthdate		
Phone #		
VA #		
E-Mail (PRINT)		
Parents Name		
T-Shirt Size		

**Registration is not complete until Payment is made, Thank You!**