



2019 JUNIORS SPRING BEACH VOLLEYBALL LEAGUE

MONDAYS – SKILL CLINICS - \$75/Player

+ 2019 AVP AMERICA Membership is required!

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

LIMITED SPACE AVAILABLE!

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WEDNESDAYS – GAME NIGHTS - \$150/Team

+ 2019 AVP AMERICA Membership is required!

NOTE: Ages as of September 1, 2019– You must play in division of the oldest player on team.

***Times are Subject to Change, based on participation numbers.

12 & Under (GIRLS) / (BOYS) – Doubles or Triples (Your choice) **APRIL 1 – JUNE 5**

CLINICS	Mondays	-	4:30pm - 5:30pm	April 1 – June 3 (Except Apr. 22/May 27)
GAME NIGHTS	Wednesdays	-	4:30pm – 6:00pm	April 3 – June 5 (Except Apr. 17/May 15)

14 & Under (GIRLS) / (BOYS) – Doubles **MARCH 4 – MAY 8**

CLINICS	Mondays	-	5:30pm - 6:30pm	March 4 – May 6 (Except March 25/Apr. 22)
GAME NIGHTS	Wednesdays	-	4:30pm – 6:00pm	March 6 – May 8 (Except March 27/Apr. 17)

16 & Under (GIRLS) / (BOYS) – Doubles **MARCH 4 – MAY 8**

CLINICS	Mondays	-	6:30pm - 7:30pm	March 4 – May 6 (Except March 25/Apr. 22)
GAME NIGHTS	Wednesdays	-	6:00pm – 7:30pm	March 6 – May 8 (Except March 27/Apr. 17)

18 & Under (GIRLS) / (BOYS)– Doubles **MARCH 4 – MAY 8**

CLINICS	Mondays	-	6:30pm - 7:30pm	March 4 – May 6 (Except March 25/Apr. 22)
GAME NIGHTS	Wednesdays	-	6:00pm – 7:30pm	March 6 – May 8 (Except March 27/Apr. 17)

GAME NIGHT SUBSTITUTION POLICY:

- MUST be registered with AVP AMERICA and have a 2019 MEMBERSHIP #.
- Will NOT receive a League t-shirt; however, can purchase a t-shirt for \$10.

REGISTRATION:

- To Register for AVP AMERICA, please go to www.avpamerica.com
Register under the Org/Beach Club, “Jammer Volleyball”. The cost is \$20 online.
 - To Register for League Skills Clinics and/or Game Nights by March 1st:
 - Fill out form below, Print, and Mail or drop off to:
The Windjammer, PO Box 485, Isle of Palms, SC 29451, along with cash or check made payable to Laura Togami.
- OR
- Fill out form below, Email to Lktogami1@gmail.com and make payment to Laura Togami through VENMO.

Team Name		Division (circle)	12's, 14's, 16's, 18's
	Player 1	Player 2	
Players Name			
Registering For	SKILLS CLINICS / GAME NIGHTS (Circle One or Both)	SKILLS CLINICS / GAME NIGHTS (Circle One or Both)	
Age/Birthdate			
Phone #			
VA #			
E-Mail (PRINT)			
Parents Name			
T-Shirt Size	(Circle) YL, AS, AM, AL, AXL	(Circle) YL, AS, AM, AL, AXL	
AMT. PAID	AMT:	CASH/CK # /VENMO	AMT: CASH/CK# /VENMO

	Player 3 (For 12 & Unders ONLY)	SUBSTITUTE PLAYERS:	
Players Name			
Registering For	SKILLS CLINICS / GAME NIGHTS (Circle One or Both)		
Age/Birthdate			
Phone #			
VA #			
E-Mail			
Parents Name			
T-Shirt Size	(Circle) YL, AS, AM, AL, AXL	(\$10 Extra) YL, AS, AM, AL, AXL	
AMT. PAID	AMT:	CASH/CK# /VENMO	AMT: CASH/CK# /VENMO