The Windjammer

AVP AMERICA

12 & Under / 14 & Under

2024 SUMMER JUNIORS BEACH VOLLEYBALL LEAGUE

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MONDAYS - (June 17 – July 22)
AND/OR
TUESDAYS – (June 18 – July 23)

SKILLS MORNING CLINICS - 8:00am – 9:00am
(Clinics will be coached by Kreg Togami and/or Kaleb Jenness)

$90 a Player - 6 week session/1 day per week
OR $20/DAY, space is NOT guaranteed

GAME NIGHTS

$75 a Player - 6 week session/1 day per week

12 & Under (GIRLS/BOYS) – Doubles OR Triples   - 4:30-6:00pm

CLUB DIVISION – For Beginner to Intermediate skill level players
POWER DIVISION – For Advanced skill level players ONLY

14 & Under (GIRLS/BOYS) - Doubles - 6:00-7:30pm

CLUB DIVISION – For Beginner to Intermediate skill level players
POWER DIVISION – For Advanced skill level players ONLY

Junior Age Requirements

- 14-and-Under Division: Athletes graduating high school in 2028 or later.
- 12-and-Under Division: Athletes graduating high school in 2030 or later.

Every participant MUST have a 2024 AVP AMERICA Membership

Times are Subject to Change, based on participation numbers.

REGISTRATION:

- **To Register for AVP AMERICA, please go to www.avpamerica.com**
  Register under the Organization, "Jammer Volleyball". Bronze is ONLY required.
- **To Register for League Skills Clinics and/or Game Nights by Wednesday, June 12th:**
    - **Fill out form below, Email to <u>jammervolleyball@gmail.com</u> and make payment to Laura Togami through VENMO (@Laura-Togami-1)**

  OR
    - **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.

CIRCLE:	CLINICS	MON./TUES.	GIRLS	CLUB	12/Under
	GAMES	MON./TUES.	BOYS	POWER	14/Under
Team Name					
Players Name	Player 1:			Player 2:	
Age/Birthdate					
HS Grad Year					
AVP #					
Parents Name					
E-Mail (PRINT)					
Phone #					
AMT. PAID	AMT:	CASH/CK# /VENMO		AMT:	CASH/CK# /VENMO

	(FOR 12 & UNDERS ONLY)	SUBSTITUTE PLAYER:	
Players Name	Player 3:		
Age/Birthdate			
HS Grad Year			
AVP #			
Parents Name			
E-Mail (PRINT)			
Phone #			
AMT. PAID	AMT: CASH/CK# /VENMO	AMT:	CASH/CK# /VENMO