



# 2009-2010 Volleyball Clinics

### Fall Session -6 Weeks

**Dates:** Mondays, 9/21-10/26  
**Cost:** \$70  
**Grades:** Students in grades 3-12  
**Time:** 5:30, 6:30 and 7:30 PM.  
 Times will be randomly distributed between players.  
**Format:** This will be set up to be instruction and scrimmage play

### Winter Session I -6 Weeks

**Dates:** Mondays, 11/2-12/7  
**Cost:** \$70  
**Grades:** Students in grades 3-12  
**Time:** 5:30, 6:30 and 7:30 PM.  
 Times will be randomly distributed between players.  
**Format:** This will be set up to be instruction and scrimmage play.

### Winter Session II-6 Weeks

**Dates:** Mondays, 1/4-2/22 (no class 1/18 & 2/15, snow date 3/1)  
**Cost:** \$70  
**Grades:** Students in grades 3-12  
**Time:** 5:30, 6:30 and 7:30 PM.  
 Times will be randomly distributed between players.  
**Format:** This will be set up to be instruction and scrimmage play

### Spring Session -6 Weeks

**Dates:** Mondays, 3/8-4/19 (no class 4/5)  
**Cost:** \$70  
**Grades:** Students in grades 3-12  
**Time:** 5:30, 6:30 and 7:30 PM.  
 Times will be randomly distributed between players.  
**Format:** This will be set up to be instruction and scrimmage play.

**Instruction:** Michele Crouse-former Westminster High School Girls Varsity Volleyball coach. Has over 23 years of coaching and playing experience.

Amy Meyer-former Westminster High School Girls Junior Varsity Volleyball coach. Has over 17 years of coaching and playing experience.

**What is needed:** Players should bring flat soled tennis shoes and knee pads. CISC will have knee pads available for \$20.

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Circle One:    Fall Session    Winter Session I    Winter Session II    Spring Session

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth Year \_\_\_\_\_

Address \_\_\_\_\_ School Attending \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ E-Mail Address (For confirmation purposes) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Form of Payment:    Check \_\_\_\_\_    AMEX \_\_\_\_\_    MC/Visa \_\_\_\_\_    Discover \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ V Code \_\_\_\_\_

Please send completed form and payment to:

CISC  
 515 Old Westminster Pike  
 Westminster, MD 21157