

GREENCASTLE PARKS & RECREATION DEPARTMENT

Telephone: 765-653-3395

E-Mail: tscott@greencastle.com

Greencastle Volleyball Clinic

In partnership with the Greencastle Community Schools, the Greencastle Parks & Recreation Department, is offering an opportunity for incoming 6th through 8th grade girls of Putnam County. The Greencastle Volleyball Clinic will provide the chance to learn the basics, run the drills, and play volleyball.



Coach:

Liz Spencer from the Greencastle School Corporation

When: Tuesday and Thursday

July 6, 8, 13, 15, 20, and 22.

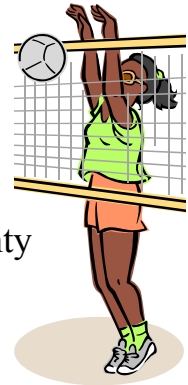
Time: 10:30 a.m. – 12:00 noon

Where: Greencastle Middle School

Who: Incoming 6th through 8th grade girls from Putnam County

Fee: **\$25.00 per person**, includes t-shirt

Pre-Registration Deadline: **Friday, June 11, 2010**



REGISTRATION INFORMATION

Make checks payable to: Greencastle Parks & Recreation Department

Return this form to: Greencastle Parks & Recreation Department

City Hall, One North Locust Street

Greencastle, IN 46135

For more information, dial: 765-653-3395

Child's Name: _____ Shirt Size: S M L XL XXL

Parent's Name _____

E-mail Address: _____

Home Address: _____ Telephone: _____

Work Number: _____ Cell Number: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Last Grade Completed _____

I give my permission for my child/ward to participate in the Greencastle Volleyball Clinic offered by Greencastle Parks & Recreation Department. I release the City of Greencastle, its employees and instructors from any responsibility in case of injury, illness or death of my son, daughter or ward while participating in the program. Furthermore, I hereby consent that any photograph or likeness of my child taken in conjunction to his/ her participation in this program may be used by the City of Greencastle for publicity or recognition purposes; including, but not limited to, publications on the City's website, posters, brochures or press releases.

Parent's Signature _____

For office use only:

Date Received: _____ Amt Paid: _____ Cash: _____ or Check # _____ Receipt # _____

