



APPLICATION FOR MEMBERSHIP

For: Travel Team - Age Division: 18 17 16 15 14 13 12

Blenders League (5th thru 8th grades)

PLAYER INFORMATION:

Player Name: _____
Last First

Date of Birth: _____ Grade: _____ Age: _____ School Attending: _____

PARENT INFORMATION:

Parents' First and Last Names _____

Home Address _____ / Billing Address (if different) _____

Home Phone _____ Parent Cell Phone(s) _____ Parent Email Address(es) _____

IF NEW TO SBVC, PLEASE ANSWER:

Have you had any "club" experience? Yes / No Where: _____ When: _____

Position(s) you have played: Setter Hitter Middle Passer/Libero Left Handed

How did you hear about the Club? _____

.....
**Cost of uniforms/apparel is included in program fees – See WEBSITE for sizing and other details!*

UNIFORM SIZES:
(Please Choose YL, XS, S, M, L, XL)

Jersey # Preference: 1st Choice ____ 2nd Choice ____
(No Guarantees)

Travel: *Blue Jersey ____ (Reuse # ____) Spandex Shorts ____ T-Shirt ____ Hooded Sweatshirt ____

*White Jersey ____ (Reuse # ____)

Blenders League: Spandex Shorts ____ T-Shirt Jersey ____ Hooded Sweatshirt ____

.....
DEADLINE DATES: 12's thru 14's – OCTOBER 3 15's thru 18's – NOVEMBER 9 Blenders – JANUARY 1

PLEASE REMIT \$25.00 NON-REFUNDABLE APPLICATION FEE
with your Application by the Deadline Date!
(If you did not participate in Travel or Blenders last season, please also include the SCVA Waiver)

Mail to: SBVC, PO Box 30772, Santa Barbara, CA 93130

Office Use Only: Date Rec'd _____

Paid Ck # _____ Cash