



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

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

PARENT INFORMATION:

Parents' First and Last Names _____

Home Address _____ City _____ Zip _____

Home Phone _____ Mom Cell Phone _____ Mom Email Address _____

Dad Cell Phone _____ Dad Email Address _____

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? _____

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**Cost of uniform package is included in program fees – See WEBSITE for sizing and other details!*

UNIFORM SIZES:

(Choices: YM, YL, S, M, L, XL)

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

Travel Team: Fitted Jersey _____ Spandex Shorts _____ T-Shirt _____ Hooded Sweatshirt _____

Blenders: T-Shirt Jersey _____ Spandex Shorts _____ Hooded Sweatshirt _____

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DEADLINE DATES: 12/13/14's – 10/9/09 15/16's – 11/6/09 17/18's – 11/13/09 Blenders – 12/15/09

PLEASE REMIT \$25 NON-REFUNDABLE APPLICATION FEE

\$35 if past the Deadline Date

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

Office Use Only: Date Rec'd _____

Paid Ck # _____ Cash