



**Pflugerville Volleyball Club Association
Volleyball Clinic 2011-2012
Private Lessons**

Where: Hendrickson High School

Price: Varies by the number of Players.

Time: Wednesday Nights 7:00 - 7:50
8:00 - 8:50

This fee covers the coach fee and court fee.

- 1 player for 50 minutes = \$ 50
- 2 players for 50 minutes = \$ 75
- 3 players for 50 minutes = \$ 100

- Nov:** 30th
- Dec:** 7th, 14th
- Jan:** 4th, 11th, 18th, 25th
- Feb:** 1st, 8th, 15th, 22nd, 29th

Coaches Available: Team coaching in () You may sign up with any coach you would like.
 Christine Desjardin (131) - any night listed above (**Hitting, Serving, Defense**)
 Megan Larson (121) - any night listed above (**Setting, Serving**)
 Claudia Cardwell (Former Coach) - any night listed above (**Setting, Hitting, Defense, Serving**)
 Nicole Hutchison (152) Nov 30th, Dec 14th, Jan 11, Jan 25, Feb 8, Jan 22 (**Middle, Outside, Defense**)

Notes: If more than one player for the session, the entire fee must be paid in one check by one parent.
 Sessions are **NON-REFUNDABLE**
 Sessions can only be reserved through payment, emails not accepted.
 No "added" players once the session is booked.

For more information contact **Russell Larson at PVCA@austin.rr.com** or visit our web page at www.pflugervillevolleyball.org 512-496-5443

Please make checks payable to:
PVCA
11712 Bittern Hollow Austin, Texas 78758.

 Name of participant (s) _____

Contact Parent's name (list parent who is coordinating) _____

Coach Requested: (circle) (Megan Larson) (Claudia Cardwell) (Christine Desjardin) (Nicole Hutchinson)

Date Wanting: (see dates above) _____

Time Wanting: (list by order) ___ 7:00 - 7:50 ___ 8:00 - 8:50

Email (write clearly) _____

Home phone: _____ Cell phone: _____

 By signing this form, you agree to indemnify and hold Pflugerville Volleyball Club Association and Pflugerville ISD harmless from all injuries to persons and damages to properties occurring as a result of, or in any way connected with your presence at the 2011-2012 Private Volleyball Lessons hosted by PVCA.

Parent or Guardian Signature: _____ Date: _____