## **Georgia Volleyball Coaches Association**



Catherine Monroe- GVCA President www.gavolleyball.net

## **2024 GVCA Coaches Clinic Registration Form**

Name: Job						
Title:						
School Name:						
School Address	:					
City/State/ZIP:						
Email Address (	(required):					
Phone Number	:					
Mobile Number	<u></u>					
	clinic schedule will b	Allatoona 3300 Dallas A	High School	-	·	
	2024 GVCA Clinic Options		GVCA (AVCA)  HS Current  Member	ALL NON-Members	TOTAL	
	Registration Options	Early Registration (Closes Apr 7)	\$49	\$69		
		Pre-Registration (Apr 8-21)	\$59	\$89		
		On-Site Walk-up (Opens Apr 27)	\$69	\$99		
Payment Options	(Check One):					
Pay by <b>Cash</b>	Pay by <b>Check <mark>ma</mark></b>	de out to 'AVCA'	Pay by Credit (	Card Visa M	asterCard Dis	scover AMEX
Name on Card:						
Card Number:						
Expiration Date: Security Code:						
Signature:						
The 2024 GVCA cliniwith the registration	and payment to: edy Wells, 2365 Harro c is organized and hosted jo form. Pre-Registration a VCA. Each individual regis	intly by the AVCA and the nd On-Site Registration	GVCA. The AVCA don will require paym	es NOT accept purcha ent at the time of re	se orders. Please	e include payment