

Spring Team Requests for Current Winter Players

Michigan Elite Volleyball Club



This is for any player currently participating in our Winter Season that would like to play Spring also. It is not necessary to try-out again for Spring but we do ask that you complete this document and return it to the ESC 6881 W. Chicago Rd., Warren MI 48092 Attn: Accounting or fax it to 586-264-3101,

Name: _____

Home Phone: _____ Cell: _____

Email: _____

Current Team: _____ Current Practice Location: _____

Spring Practice Choices: Please circle any choices that you **CANNOT** attend

Mon Tues Wed Thurs Friday

Special Requests regarding team placement or coaching

PAYMENT INFORMATION—\$100 secures your spot on a team

Select type of payment: Cash Check # _____ Credit Card

Card Selection and information:

VISA _____ Exp date _____ Security Code _____

Mastercard _____ Exp date _____ Security Code _____

Please fax this document to 586-264-3125 or
mail it ESC 6881 W. Chicago Rd., Warren MI 48092 Attn: Accounting

**DO NOT GIVE THIS FORM BACK TO YOUR CURRENT COACH OR
ADMIN PARENT**