



## DSHA Volleyball Clinic

**Event:** DSHA Volleyball Clinic

**Who Should Attend?** Volleyball teams and coaches

**Date:** Sunday, September 8<sup>th</sup>, 2019

**Time:** 12:00 p.m. to 1:30 p.m.

**Place:** Divine Savior Holy Angels High School, Milwaukee

**Dress:** Teams should be in full uniforms, coaches should be dressed to participate

**Deadline:** Wednesday, September 4<sup>th</sup>, 2019 by **5:00 p.m.**

**Mail to:** Special Olympics Wisconsin, Jason Blank  
10224 North Port Washington Road  
Mequon WI 53092

**Fax to:** 262-241-5334

**Email to:** jblank@specialolympicswisconsin.org

**Questions:** 262-241-7786 x12

**Your Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Day of Clinic Contact Phone#** \_\_\_\_\_

**Agency #** \_\_\_\_-\_\_\_\_ **Agency Name** \_\_\_\_\_

Coaches & chaperones attending (1 chaperone for every 4 athletes required, they must be Class A certified):

Total #: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\*\*\*Confirmation information will be sent out after the registration deadline.



## DSHA Volleyball Clinic Roster Form

Please fill out and get back to the Region 8 Office by **September 4<sup>th</sup>**.

**Team Name & Agency#:** \_\_\_\_\_

**Coaches Names:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Team Roster**

#### **Name**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

-Head Coach/Agency Manager: All coaches listed must be Class A volunteers with SOWI as well all athletes listed must have medicals on file and current with the Medical Deadline policies of SOWI.