



Evergreen Region



2017-2018 ERVA Referee & Scorekeeping Clinic Attendance Sheet

CLINICIAN (please print): _____

This is a verification of your attendance at a REQUIRED clinic. By signing your name, you are attesting that you completed the clinic. Falsification may result in suspension and/or expulsion from USA Volleyball.

CLUB NAME _____ TEAM _____

DATE _____ NAME OF SITE _____

Team Age U12 U13 U14 U15 U16 U17 U18
 Division: _____

PRINTED NAME	SIGNATURE
PLAYERS:	
REGISTERED ADULTS (coaches/chaperones/club directors):	
NON-REGISTERED ADULTS (parents, not in Webpoint):	

CLINICIANS: Please have ALL PARTICIPANTS print and sign their name on this form. *All attendees MUST attend full clinic and sign this sheet to be considered certified.* **COACHES:** Please fill out your club/team information at the top of this form.

USE ONE FORM PER TEAM * If more room is needed, please use another sheet.



Evergreen Region



2017-2018 ERVA R1 Clinic Attendance Sheet

CLINICIAN (please print): _____

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CLUB NAME _____ TEAM _____

DATE _____ NAME OF SITE _____

Team Age Division: U12 U13 U14 U15 U16 U17 U18

PRINTED NAME	SIGNATURE
PLAYERS:	
REGISTERED ADULTS (coaches/chaperones/club directors):	
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