

**Southern California Volleyball
Officials Association
South Bay Unit**

2008-9 CLINIC REGISTRATION FORM

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

CURRENT STATUS

New Official:

High School Official: Current rating: _____ What Unit: _____

Collegiate Official:

USA Official:

How did you learn about the clinic? _____

REGISTRATION FEES

South Bay Unit Members
South Bay Unit Dues \$27.00
SCVOA Dues \$33.00
Total Dues = **\$60.00**

Other Unit Paid Members
Crossover Fees \$15

FOR SECRETARY USE ONLY

Total Amount Due: _____

Amount Paid: _____ Received by: _____

Balance Due: _____ Date: _____