



**ARIZONA REGION OF USA VOLLEYBALL
2011-2012 SCOREKEEPING CLINIC VERIFICATION**



Clinic Date: _____ Age Division: _____

Club Name: _____ Team Name: _____

Please print all names – list all coaches and players who participated in this clinic only.

Clinician: _____ **Clinician Initial:** _____ **Location:** _____

Head Coach: _____ Attended **Ref** **Score** **None**

Asst Coach: _____ Attended **Ref** **Score** **None**

Scorekeepers (minimum of 3 required per team– print full name)

Parent _____ Parent _____

Please return to the Arizona Region Office or Fax to 480-626-6743



**ARIZONA REGION OF USA VOLLEYBALL
2011-2012 SCOREKEEPING CLINIC VERIFICATION**



Clinic Date: _____ Age Division: _____

Club Name: _____ Team Name: _____

Please print all names – list all coaches and players who participated in this clinic only.

Clinician: _____ **Clinician Initial:** _____ **Location:** _____

Head Coach: _____ Attended **Ref** **Score** **None**

Asst Coach: _____ Attended **Ref** **Score** **None**

Scorekeepers (minimum of 3 required per team– print full name)

Parent _____ Parent _____

Please return to the Arizona Region Office or Fax to 480-626-6743



**ARIZONA REGION OF USA VOLLEYBALL
2011-2012 REFEREE CLINIC VERIFICATION**



Clinic Date: _____

Age Division: _____

Club Name: _____

Team Name: _____

Please print all names – list all coaches and players who participated in this clinic only.

Clinician: _____ **Clinician Initial:** _____ **Location:** _____

Head Coach: _____ Attended **Ref** **Score** **None**

Asst Coach: _____ Attended **Ref** **Score** **None**

Referees (minimum of 3 required per team– print full name)

Parent _____

Parent _____

Please return to the Arizona Region Office or Fax to 480-626-6743



**ARIZONA REGION OF USA VOLLEYBALL
2011-2012 REFEREE CLINIC VERIFICATION**



Clinic Date: _____

Age Division: _____

Club Name: _____

Team Name: _____

Please print all names – list all coaches and players who participated in this clinic only.

Clinician: _____ **Clinician Initial:** _____ **Location:** _____

Head Coach: _____ Attended **Ref** **Score** **None**

Asst Coach: _____ Attended **Ref** **Score** **None**

Referees (minimum of 3 required per team– print full name)

Parent _____

Parent _____

Please return to the Arizona Region Office or Fax to 480-626-6743