

**BADGER REGION VOLLEYBALL ASSOCIATION**  
**Individual Registration for Referee Clinic**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_

Date of Clinic: \_\_\_\_\_ Location: \_\_\_\_\_

Current USAV Member? \_\_\_\_\_ Yes\* \_\_\_\_\_ No\*\*

\*current year begins on November 1st

\*\* Go to [www.badgervolleyball.org](http://www.badgervolleyball.org) to register, follow instructions on SignupToPlay and send to Region Office with fees.

**Clinic Fee:            \$10 Pre-registered Referee Clinic (\$25 in-person)**

Make checks payable to Badger Region Volleyball Assoc.

Send Registration w/payment to:

Badger Region Volleyball Association

2931 N. 73rd Street

Milwaukee, WI 53210

?s call Jenny at 414/443-1011

or email to [jennyhahn@wi.rr.com](mailto:jennyhahn@wi.rr.com)