

**VOLLEYBALL HALL OF FAME
PLAYERS AND COACHES
Clinic Registration and Morgan Classic Ticket Order Form**

Tickets

Please enroll _____ for the Players Clinic @ \$50 _____
Please enroll _____ for the Coaches Clinic @ \$50 _____
(enrollment includes one ticket for Saturday's matches)

Extra tickets to Friday matches @ \$5 (adult) _____

Extra tickets to Friday matches @ \$3 (student) _____

Extra tickets to Saturday matches @ \$5 (adult) _____

Extra tickets to Saturday matches @ \$3 (student) _____

Box Lunches

_____ Box Lunches for Saturday Clinic @ \$6 _____

Check choice of sandwich and drink. (Price includes 2 snacks)

Sandwiches: _____ Turkey _____ Ham _____ Peanut butter & Jelly

Drinks: _____ Coke _____ Sprite _____ Water

Total Amount Enclosed: _____

Name: _____

Address/City: _____

State/ZIP: _____ **Phone:** _____

E-mail: _____ **Age:** _____

MC/Visa Card #: _____ **Exp. Date:** _____

Signature: _____

Please make checks payable to:

Volleyball Hall of Fame, PO Box 1895, Holyoke, MA 01040

Visa & Mastercard orders available by Phone: (413) 536-0926

FAX: (413) 539-6673

Refund deadline 2/20/08. One form per person (photocopy if needed).



www.volleyhall.org