



# NORTHWEST OHIO JUNIORS VOLLEYBALL LEAGUE 2017 FALL



**GLASS CITY ATHLETICS IS PROUD TO BE CELEBRATING 23 YEARS SERVING THE COMMUNITY!**

This Fall if you would like to learn or improve your volleyball skills, be part of the **Glass City Northwest Ohio Juniors Volleyball League**. This league is a low-cost option for players and families who do not want to travel for competitions. Each team will have their own coach and the Director of the league will be supervising all teams. Glass City will be offering the following level teams: Youth (3rd/4th graders), Middle School (5th/6th graders) and Junior High (7th/8th graders). Cost for the league is \$495 per player and uniforms are included, as well as two practices per week. One of the practices will be a team practice and one will be a practice that focuses on foot speed, agility and strength.

**TO SECURE YOUR SPOT IN THE LEAGUE:**

- 1) Send in the sign-up form below and mail in your \$250 deposit to secure your spot.**
  
- 2) Come to the Placement Practice:**  
**Date:** Sunday, August 20, 2017  
**Time:** 5 - 7 p.m.  
**Location:** The Paragon, 1590 Albon Road, Suite 12 Holland, Ohio 43528  
 If you have not paid your deposit, bring a deposit check for \$250 per player to secure your spot on the team.
  
- 3) Mark your calendar for practice and competition dates.**  
**Practice dates:** Fridays beginning 8/25/17. Times TBD.  
**Competition dates:** Mondays beginning 9/11/17 for six weeks at TVC Lucas County Rec Center. Times TBD.

**Register online at [www.glasscityathletics.com](http://www.glasscityathletics.com) or return the sign-up form by mail.**

**For more information contact Dana Hooper:**

☎ 419-261-0067 ✉ [dahooper@roadrunner.com](mailto:dahooper@roadrunner.com) 🌐 [glasscityathletics.com](http://glasscityathletics.com) 🏠 The Paragon, Suite 12  
 1590 Albon Rd Holland, OH 43528

**FALL 2017 NORTHWEST OHIO JRS. VOLLEYBALL LEAGUE SIGN-UP FORM**

Player's Name: \_\_\_\_\_

Player's Grade (as of Fall 2017): \_\_\_\_\_ School: \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Player's T-Shirt Size: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Amount Enclosed (please make checks payable to Glass City Athletics): \_\_\_\_\_

Please mail form and \$250 deposit to: Glass City Athletics The Paragon, Suite 12 1590 Albon Rd Holland, OH 43528

