



UIC Youth Volleyball Program for Lions Jrs. Youth League



Player Name: _____ Team: _____
Grade: 1st 2nd 3rd 4th 5th 6th 7th 8th

Parent's email address: _____

Choose a Date:

- Saturday Oct 10 at 2pm - UIC vs. Butler at 4pm (Grades 3-6)
(Order form and money **due by Oct 4th**)
- Saturday Nov 14 at 12pm - UIC vs. Loyola at 2pm (Grades 1-8)
(Order form and money **due by Nov 7th**)

Would you like to be a volunteer parent coach for this event?

no yes, Name: _____

- Number of discounted spectator tickets with proceeds going towards Lions Jrs Youth League _____ x \$5 = \$ _____
- Player fee +\$15
- Total Enclosed: \$ _____

Cash or Check made out to "UIC Athletics"

Contact Megan Kennedy at mkkennedy3@comcast.net with questions.



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