



MIDDLE SCHOOL CLINIC - REGISTRATION FORM

NAME - _____

ADDRESS - _____

CITY - _____

STATE - _____ **ZIP -** _____

CURRENT GRADE - _____

*****CONTACT EMAIL: (needed for WAIVERS AND CLINIC UPDATES)**

MAIL TO:
MSU Volleyball – Attn Jennifer McCall
3410 Taft Blvd
DL Ligon Coliseum
Wichita Falls, TX 76308

Checks made out to:
MSU Volleyball

If paying by cash contact Coach McCall at: jennifer.mccall@msutexas.edu