

Still got Questions?

We are here for you. Call us and we can work out a package that caters to your individual needs.

Contact us at the following:

Tiffany Lowrance

Phone: (828) 458-1895-

Fax: (828) 684-7899



"Where there are no limits"...

Michael Gaines
Director of Facilities

37 Maxwell Drive
Hendersonville, NC
28791

Phone: (828) 458-1895-
Fax: (828) 684-7899

Xcel Hitters, Passers & Setters Clinic

Saturday
July 31, 2010

@
Xcel Sportsplex



Get that extra court time before your school season kicks off. 3 hours of instruction and repetitive touches for setters, hitters, passers and that all around player.

Tel: 828-684-7898

Date: Saturday July 31st
Time: 9:00-12:00
Girls & Boys: Rising 12yrs +

Location: *Xcel Sportsplex*
Clinic Director: Tiffany Lowrance:
Head Volleyball Coach
West Henderson High School
Work (828) 458-1895

Get that extra court time before your school season kicks off. 3 hours of instruction and repetitive touches for setters, hitters, passers and that all around player.

Arrival: 8:45am-9:00am
Leave: 12:00pm-12:15pm
Cost: \$25.00 For the Day

(This fee must accompany your application and it is nonrefundable)

Checks Payable to:
Xcel Sportsplex

Mailing Address:
Xcel Sportsplex
37 Maxwell Dr
Hendersonville, NC 29792

Return:

1. Mail in applications and money,
2. Fax application to 684-7898 and pay the day of or
3. **you can register the day of clinic.**

CUT ALONG THE LINE ABOVE AND RETURN BOTTOM APPLICATION WITH CHECK

Xcel Volleyball Hitters, Passers & Setters Clinic

Name: _____ Age: _____ Grade: _____
School attending: _____
Parents Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Emergency Phone: _____

I hereby authorize staff of Xcel Sportsplex to act for me according to his/her judgment in an emergency requiring medical attention for my son/daughter. Also, hereby waive and release the clinic staff from any and all liability for any injuries incurred while at the clinic or traveling to or from clinic. I hereby warrant that my son/daughter is in good physical condition and capable of participating.

Parent or Guardian Signature: _____ **Date:** _____