

**LAKE HOUSTON CONQUERORS**

*Girls Volleyball Registration Form 2024-25*

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| **PARENT / FAMILY INFORMATION** | | | | | | | | | | | |
| First Name(s): |  | | | | Last Name: | | |  | | | |
| Address: |  | | | | City/State/Zip: | | |  | | | |
| Cell (his): |  | | | Cell (hers): |  | | | | Home: | |  |
| Email (his): |  | | | | Email (hers): | | |  | | | |
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|  | | | | | | | | | | | |
| **FEE SCHEDULE** | | | | | | | | | | | |
| **Competitive ages 13-18** (as of August 31, 2023) | | | | | \*$ **475** | |  | | | | |
| **Developemental & age 12** (as of August 31, 2023) | | | | | \*$ **350** | |
| Uniforms will be an additional cost. | | | | |  | |  | | | | |
|  | | | | | | | *\*50% discount for head coach* | | | | |
| *All fees due at time of registration.* | | | | | | | *\*$115 discount for assistant coach* | | | | |
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|  | | | | | | | | | | | |
| **Player NAME** | | | **BIRTHDAY** | | | **CELL NUMBER (optional)** | | | | **AMOUNT** | |
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| Player Cell numbers will only be used for team information. | | | | | | Subtotal Player Fees: | | | |  | |
| **Coach:**  Head  Assist | | | | | | Less Discount(s): | | | |  | |
|  | | | | | | | | | |  | |
| **TOTAL DUE**: | | | | | | | | | |  | |
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| Please include me on mass email and/or text communications | | | | | | | | | | | |
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| **By signing this form, you agree to the terms and conditions of LHC’s Statement of Faith and the Athlete/Parent Code of Conduct Forms (can be downloaded for signature from www.lhconquerors.org)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Parent Signature: | |  | | | | | | | | | |
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| **Pay by cash or check made out to Lake Houston Conquerors.** Bring all completed forms to first practice.  **Please contact me if you need a credit card option at LHCVball@gmail.com.** | | | | | | | | | | | |