

# Matchpoint USAV VCAP Registration Form

Please complete section 1 or 2 as appropriate.

## Section 1

I wish to host a Matchpoint USAV VCAP course at my facility.

Name:

School/Club:

Contact Address:

Contact Phone #: Cell:

Work:

Home:

Preferred date and time (4 hours required)

Choice 1:

Choice 2:

Choice 3:

\*\*\*\*\*

## Section 2

I wish to attend a Matchpoint USAV VCAP course at  
(Insert course venue and date).

Name:

School/Club:

Contact Address:

Contact Phone #: Cell:

Work:

Home:

We will contact you on receipt of this form to confirm your request. Form may be emailed to [info@matchpointvolleyball.net](mailto:info@matchpointvolleyball.net) or mailed to Matchpoint Volleyball, PO Box 218415, Columbus, OH 43221.