

Setting Clinic

RICHMOND VOLLEYBALL CLUB

CONTACT PERSON: WHITNEY J ZANG 804-358-3000
WZANG@RVC.NET



Clinician: Ray Vance

\$15 per member
\$ 20 per non-member

Name _____.

Home Phone _____.

Email _____.

Method of Payment - cash ___ check # ___ CC ___.

Date received _____ Staff Initials _____.

DATE: JULY 7TH 2009

TIME: 6:30PM-8:00PM

Richmond Volleyball Club West

1907 Westmoreland St. Richmond VA. 23230