



STANFORD WOMEN'S VOLLEYBALL



SUPER SPIKERS 2007

CLINICS

MEMBERSHIP

- Instruction provided by 2007 Stanford Women's Volleyball Team
- Open to all kids 14 and under

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• **Clinic #1 Saturday - August 11, 2007** 3-5 pm  
Skills featured: Spiking, Passing and Setting

• **Clinic #2 Sunday - August 12, 2007** 3-5 pm  
Skills featured: Serving, Digging and Blocking

• **Clinic #3 Saturday - August 18, 2007** 3-5 pm  
Skills featured: Spiking, Passing and Setting

• **Clinic #4 Sunday - August 19, 2007** 3-5 pm  
Skills featured: Serving, Digging and Blocking

*\*Check in at Maples Pavilion*

#### SUPER SPIKER/TEAM CARDINAL

membership runs from August 2007 through July 2008!

Youth 14 and under will receive:

- FREE Official SUPER SPIKERS T-shirt
- FREE Official TEAM CARDINAL Membership Card

- FREE Admission to all sporting events (except: admission to only 1 Men's Basketball and 1 Football Game.)

- Notice of clinics conducted by Stanford sports teams
- Super Spiker Info Contact:

**Jason Mansfield**  
(650) 725-1204 or  
[jdmans@stanford.edu](mailto:jdmans@stanford.edu)

- Team Cardinal Hotline: (650) 723-3327

STANFORD WOMEN'S VOLLEYBALL

## SUPER SPIKERS/TEAM CARDINAL APPLICATION FORM

Name(s) and Age(s) of Children: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Return form & payment to: Stanford Women's Volleyball  
Super Spikers  
Arrillaga Family Sports Center  
Stanford, CA 94305-6150

|                                              | Amount   |
|----------------------------------------------|----------|
| Clinic #1: _____ Sat. August 11, 2007 (\$40) | \$ _____ |
| Clinic #2: _____ Sun. August 12, 2007 (\$40) | \$ _____ |
| Clinic #3: _____ Sat. August 18, 2007 (\$40) | \$ _____ |
| Clinic #4: _____ Sun. August 19, 2007 (\$40) | \$ _____ |

#### Super Spiker/ Team Cardinal Membership:

|                                           |                |
|-------------------------------------------|----------------|
| Yes (\$25) _____ T-Shirt Size Youth _____ | \$ _____       |
| Handling Fee:                             | \$ <u>6.00</u> |
| Total Payment Enclosed:                   | \$ _____       |



Please make checks payable to:  
**Stanford Volleyball**