

Sports Performance Volleyball



GLV, Inc.

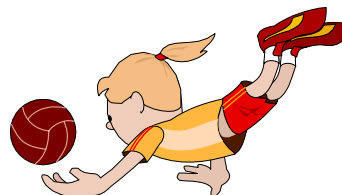
Presents:

The 2006 Coaches
School Series
1st Time Ever at:
Richmond Volleyball Club
Richmond, VA

THE MOST EXTENSIVE
COACH EDUCATION PROGRAM
AVAILABLE TO THE
SCHOLASTIC VOLLEYBALL COACH!

Presented by Rick Butler

- Director and Head Coach, Sports Performance Volleyball Club
- 1980-2006 - 59 National Jr. Championships
- Former USA Men's National Collegiate Team
- Former USA Men's National B Team
- Former USA Men's Olympic Team
- Former USA Girls Youth National Team
- Specialist in training the High School age athlete

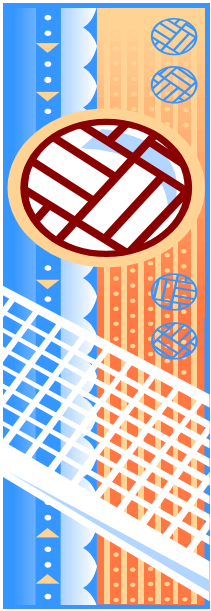


Topics to be covered



- How to teach the six basic skills effectively
- Drills to refine basic volleyball techniques
- Developing an offensive and defensive system
- Identifying players positions
- Practice planning and organization
- Training a setter
- Competitive drills for winning
- Breaking your season into training cycles
- Special skill sessions for coaches
- Statistics to evaluate your teams performance

PLEASE SEE REVERSE SIDE FOR REGISTRATION

**Cost:**

\$200.00 (includes extensive coaches manual)
\$150.00 for each additional coach from the same school or club program

Registration:

Credit Card or Check: go to www.greatlakescenter.com to register on-line
School P.O.: fax form and purchase order to 630-898-1874 / Attn: Joe Jablonski

Time:

16-18 total hours (including gym and classroom sessions)

DATE:

December 2-3 Richmond Volleyball Club Richmond, VA
1907 Westmoreland St.
Richmond, VA 23230

***First time ever in Virginia. Come and take advantage of this great opportunity for coaches of all ages and levels.**

Richmond Coaches Clinic Registration Form

Coach Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____ - _____

Email Address: _____

Please print clearly (Must have Email to send clinic information out)

School/Club Name: _____

School/Club Address: _____ City: _____

State: _____ Zip: _____ School/Club Fax #: _____

Type of payment:

- Check (payable to GLV, Inc sent with registration form)
 School P.O. (send with registration OR fax to 630-898-1874 Attn. Joe Jablonski)
 Visa MasterCard Discover (*please check one*)

Card #: _____ CID# _____ (*last 3 digits on back of card*)

Exp: ____/____ Signature of card holder: _____

Address of Cardholder _____ (if different then above)

**Send to: GLV, Inc
 c/o Joe Jablonski
 579 N. Oakhurst Dr.
 Aurora, IL. 60502**

Fax to: 630-898-1874

For more information contact us at:
www.greatlakescenter.com
vball10015@yahoo.com
630-898-6400 (office)