

2008 Y.A.L. Memorial Day Weekend Event Package:

Includes: T-Shirt, Volleyball, Greek Dance Workshops, Dance Thursday May 22nd, Sit down Dinner and Dance Friday May 23rd, Dinner Dance Sunday May 25th and 2am Breakfast buffet, Lunch BBQ Monday May 26th!

Package Rates

- Feb 27 – April 30: \$165
Must Be Postmarked By April 30th to receive discounted rate!
 - After April 30th deadline, packages may ONLY be purchased at walk-up registration for \$225.
- **A la carte pricing will no longer be available for any of the convention events this year. (PACKAGES ONLY)
**Package refunds MUST be submitted by midnight on 5/10 to clearwateryal@yahoo.com or postmarked by 5/10

Package Pick-Up Information:

Pick up package at Registration Check-In table:

Thursday, May 22nd 5pm-12am
Friday, May 23rd 11am-1pm & 6pm-12am

Saturday, May 24th 12pm-2pm

YAL Contact Information

Email: clearwateryal@yahoo.com

Web Sites:

www.clearwateryal.org
www.myspace.com/clearwateryal

*Last Name	*First Name	MI
*Address		
*City	*State	*Zip
*Primary Phone	*Gender ___M ___F	
*Email Address		
*Date of Birth (MM/DD/YY)	Gender ___M ___F	
*Driver's License #		

***ALL FIELDS MUST BE FILLED OUT OR PACKAGE WILL BE CONSIDERED INCOMPLETE!!!**

****A VALID PHOTO ID IS REQUIRED AT REGISTRATION AND AT ALL EVENTS THROUGHOUT THE WEEKEND.**

*T-Shirt Size (circle one) ___XS ___S ___M ___L ___XL ___XXL

Coed Volleyball (May 24) (check one) ___Yes ___Maybe ___No

Greek Dance Workshops (May 24 & May 25): ___Yes ___Maybe ___No

Basketball Tournament (May 24 & May 25) ___Yes ___No

If Yes for Basketball, make sure you and your team captain fill out information below by deadline!

Name of Basketball Team _____

___I would like to be placed on a team.

*Basketball is an additional team fee. Please be sure the captain completes the Basketball Registration Form.

Anticipated Date of Arrival ___Thurs 22nd ___Fri 23rd ___Sat 24th

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****CONTINUE ONLY IF YOU ARE PARTICIPATING IN THE BASKETBALL TOURNAMENT**

BASKETBALL TEAM REGISTRATION: EACH TEAM CAPTAIN MUST SUBMIT A TEAM NAME, LIST OF TEAM MEMBER NAMES, TEAM FEE & **ALL PLAYERS MUST PRE-PURCHASE INDIVIDUAL PACKAGES** TO BE ELIGIBLE TO PLAY IN THE YAL MEMORIAL DAY WEEKEND BASKETBALL TOURNAMENT (postmarked on or before April 30, 2008 will guarantee a place in the tournament).

Team Name: _____

If you are the team captain check here: _____. Also, the captain must submit a team fee (amount listed below), indicate on the check for which team this fee is for, and submit a team name and list of all team member names preferably right along with the team fee check.

Basketball Team Rate

Feb 27 – April 30, 2008: \$225
Must Be Postmarked By April 30th!

**CAPTAINS, YOU MUST SUBMIT YOUR TEAM
NAME, LIST OF TEAM MEMBER NAMES, AND
FEE ON OR BEFORE APRIL 30TH SO YOU WILL BE
GUARANTEED A PLACE IN THE
TOURNAMENT!!!!**

Package and/or Basketball Payment Info:

Checks: Make payable to **Holy Trinity Y.A.L.**
Send to: Holy Trinity Greek Orthodox Church Y.A.L.
409 S. Old Coachman Road
Clearwater, FL 33765

*Each participant **MUST** send in their **OWN** check, with their name listed on the memo line.
*PLEASE send in registration form **AND** check together!!
*More than one participant's information may be mailed in the same envelope.