

Townie Volleyball Camp

Please print and mail this form with your check or money order.

Please Enroll: Name

CAMPER'S NAME

The above participant has my permission to participate in the Friends of Townie Athletics Camp. In case of emergency, I understand that every attempt will be made to contact the person(s) listed below:

Name

Phone

Signature

Date

E-Mail

Any violation or abuse of this camp can result in prompt dismissal without refund.

Non refundable after June 17, 2011

I wish to attend: (check one) **Make checks payable to "Friends of Townie Athletics"**

Camp 1: July 11-17 8:30-2PM \$195.00

Camp 2: July 18-22 8:30-2PM \$195.00

Name

Address

City

State Zip

Phone

Age

Grade entering (in September)

School

Male Female

Emergency Contact

Phone Number

Volleyball experience

Position Played

Shirt Size