

CREOLE BIG APPLE VOLLEYBALL CLUB



2017 VOLLEYBALL SUMMER CAMP

At: QUEENS COLLEGE, Flushing, New York.

Where: Fitzgerald Gymnasium

Located at Reeves Avenue and 152nd Street

Cost: \$400.00 Per Session

Time: (9:00 AM – 4:00PM)

Staff include: Merlin Thompson (Technical Director Creole VBC), Jason Octave (Coach Queens College, Creole player and coach), Jerome Dumas (international coach from France) along with other local and international coaches.

SESSION #1: AUGUST 7 – AUGUST 11

SESSION #2: AUGUST 14 – AUGUST 18

If you are not currently a member of the USAV, you must purchase a summer membership through GEVA.ORG, when on website click on Membership and Help and follow registration information. The summer membership is \$15.00. All participants must go to the Creole web site: Creolebigapple.com and print:

**2017 Creole Big Apple Volleyball
CAMP INFORMATION FORM**

All participants must mail in the Camp Information Form, USAV(GEVA) Membership Confirmation, USAV Medical Form and payment to:

**Merlin Thompson
Creole Volleyball Club
174-16 128th
Jamaica, New York, 11434-3328**

All Checks and Money Orders are made payable to:

[Merlin Thompson](#)

In Addition: Queens College is hosting a Volleyball Camp on July 31st to August 4th

For information for the Queens College go to:

http://www.queensknights.com/camps/Registration_Forms/Volleyball_Camp

Please do not hesitate to contact Merlin Thompson at: **Club Phone: (718) 397-8422**, email: **merlinthomp@msn.com** for any additional information.

2017 Creole Big Apple Volleyball CAMP INFORMATION FORM



CREOLE BIG APPLE VOLLEYBALL CLUB

174 – 16 128th Avenue
Jamaica, New York 11434-3328
(718) 397 - 8422

Camp Site: Queens College

65 – 30 Kissena Boulevard, Flushing, New York

Please fill out the information below

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's phone number. (Home) _____ (Cell) _____

Email address: _____

Date of Birth: _____

Grade: _____

Participant Volleyball Experience. (What level have you played before)

- ☐ Recreation _____
- ☐ CYO _____
- ☐ JR Varsity _____
- ☐ Varsity _____
- ☐ Club _____
- ☐ Other _____

Participants are asked to be in as good physical shape as possible.

Please note: Spaces are limited. Please make your check payable to: **Merlin Thompson** and mail along with this form, the GEVA Summer Membership and USAV medical form to:

Merlin Thompson

174 – 16 128th Avenue

Jamaica, New York 11434-3328