



Advanced Volleyball Camp Registration Form

Players First Name _____

Players Last Name _____

DOB: ____ / ____ / ____

Position: OH MH S OPP L DS Height: ____ ft. ____ in. "Handed" ____ left ____ right

Grade in School (circle one) 7 – 8 – 9 – 10 – 11 – 12

Shirt size: S M L XL Spandex size: S M L XL Sneaker Size: _____

Street Address: _____

Town, State, Zip Code: _____

BEST Telephone #: (_____) _____ Player's Cell Phone #: (_____) _____ (if any)

PARENT'S email address: _____ @ _____

PLAYER'S email address: _____ @ _____

\$35 Deposit Paid: _____ (check #/cash)

Insurance Waiver Rec: _____

High School: _____

High School Coach: _____

High School Coach Email address: _____