

# **2010 Volleyball Registration Form**

*Must be returned by Monday, June 28, 2010*

**(please print out and send along with payment and a copy of your insurance card)**

Camper's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/Guardians Name(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Grade Next Year: (circle one)      5      6      7      8      9

Shirt Size: (circle one)      Youth                      M      L  
   Adult                      S      M      L      XL

Will your camper be staying in the dorm?                      Yes                      No

If yes, circle all nights staying in the dorm

                    Sun.                      Mon.                      Tues.                      Wed.

***CAMP AMOUNT TALLY:***

Camp Cost                      \$100                      \_\_\_\_\_

Discount – Subtract \$25 from your total if your camper also attended the 2009 CLHS Basketball Camp

**TOTAL AMOUNT ENCLOSED: \_\_\_\_\_**

**How did you hear about the CLHS volleyball camp?**

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**THANK YOU FOR YOUR SUPPORT!**