CHRIS POOLE VOLLEYBALL CAMP REGISTRATION FORM

Camp Name(s):_____ Camp Date(s):_____

Camper Name:_____

Camper Phone Number: _____ Age: _____

Grade: _____DOB: _____ Years of Experience: _____

School Name: _____

Club Name: _____

Food Allergy: _____

Parent/Legal Guardian Name:_____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Phone Number: _____

Email: _____

T-shirt Size: YL S M L XL 2XL

Position: Setter Libero/D. S Middle Blocker OH/OPP Hitter

Overnight Housing (For Resident Campers)

Roommate Request: _____

(Must be a mutual request. Will not put in the same room if both campers do not have each other down)

A recent copy (within 15 months) of a physical is REQUIRED for participation

$60 deposit fee is due with each registration and payment is due in full at check-in