

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)

July 7th July 8th (if attending multiple camps in a row, option for overnight housing at an additional charge)

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

