

2009 Willamette University Volleyball Camps

Registration Form

Camper Information:

Camper Name _____

Parent Name _____

Address _____

City _____ Zip _____

Age: _____ Grade ____ T-size XL ,L, M, S

Home Phone : _____

Emergency Phone: _____

Camp Choice: Check one

_____ All Skills Camp (June 28 – 30) \$100.00

_____ Advanced Attack Camp (July 1 - 3) \$100.00

_____ Advanced Ball Control Clinic (July 6 & 7) \$60.00

_____ Setter Clinic (July 8) \$30.00

Mail this registration form, medical waiver and fees to:

Tom Shoji
Head Volleyball Coach
Willamette University
900 State St.
Salem, OR 97301

Checks payable to: Willamette Volleyball

Medical waiver: Must be on file before being allowed to participate.