



Summer Camp Registration Form

Coach: _____

School: _____

Street: _____

City/State/Zip _____

Level (Sr HS/Jr HS) _____

School Phone: _____

Home/Cell Phone: _____

E-mail: _____

Length of camp desired: Full days Half days (circle one)

Number of days: _____

Start date: give at least one alternative from a different week.

Choice 1: _____

Choice 2: _____

Choice 3: _____

Approximate number of campers expected: _____

Make checks for deposit (\$250.00 or \$150.00 for one or two day camps) payable to Matchpoint Volleyball. Full refunds up to 30 days in advance of camp – after that time, no refund will be issued.