

Syracuse University Girl's Volleyball Camps

(August 4 - 7, 2007)

Camp Director

Jing Pu – Syracuse University Head Women's Volleyball Coach

Camp Features

Volleyball camp: Develop individual skills and improve game experience

Setter's intensive training camp

DS/libero intensive training camp

Age limit

Girls under the age of 18

Where

Syracuse University on campus room/board and indoor gyms

Daily Schedule

Check-in: 12:00 noon - 1:00 pm, Saturday, August 4, 2007 (Lunch is not included)

Morning: 9:30 am - 12:00 noon, Afternoon: 2:00 pm - 4:30 pm, Evening: 6:30 pm - 8:30 pm,

Check-out: 4:30 pm - 5:30 pm, Tuesday, August 7, 2007 (Dinner is not included)

Fee

\$310 including on campus room/board, sports drink and a camp T-shirt

A \$20 team discount given to each one in a group of 6 or more from the same school.

A \$10 late fee will be charged to registration postmarked after May 15, 2007.

Pre-Registration

Return the Registration Form with a \$100 deposit before May 15, 2007

You will receive a confirmation card, a detailed information sheet and a health form to sign and return

For team discount, registration forms **must** be received in one envelope with each individual's form and deposit

For more information, please call (315) 443-1241, E-mail: cmmunger@syr.edu

2007 SU Girl's Volleyball Camps Registration Form

Name: _____ E-mail: _____ Parent E-mail: _____

Home address: _____ City, State, Zip: _____

Home phone #: () _____ My cell #: () _____ Parent cell # () _____

Father's work phone #: () _____ Mother's work phone #: () _____

Age: _____, Grade next year: _____, School name: _____ Level you played: _____

Check **one** only: I choose to attend Volleyball skills camp (), Setter's Intensive training camp (), DS/libero intensive camp ()

() A \$100 deposit is enclosed, () \$310 paid in full, () A \$10 late fee is enclosed if sent after May 15, 2007.

You may request only **one** roommate. Name: _____

***This volleyball camp is subject to licensing and inspection by the New York State Department of Health.
A secondary insurance coverage is purchased by the camp for every participant.***

Please complete and sign the following part

Our daughter named above is in good health and able to participate in organized camp activities. We have adequate medical insurance coverage (Insurance Company: _____ Policy Number: _____) and give our daughter permission to attend the 2007 Syracuse University Girl's Volleyball Camp and we agree to indemnify Syracuse University and the camp staff for any claim which may hereafter be presented by our daughter as a result of any injuries. In addition, our daughter promises to conform to all the safety rules and regulations of this Volleyball Camp.

Parent or Guardian Signature: _____ **Date:** _____

*Please make checks payable to: **SU Volleyball Camp**, and mail this form to:*

**SU Volleyball Camp
Manley Field House
Syracuse, NY 13244**