

32 YEARS OF SPANISH RIVER VOLLEYBALL CAMP

SESSION 1 : July 17-20

SESSION 2 : July 24-27

9:00am-3:00 pm @ Spanish River H. S. Gym
on the corner of Jog and Yamato
Monday-Thursday
5100 Jog Road, Boca Raton, FL33496

REGISTRATION: The first 50 applicants to each camp will be accepted. Make checks or money orders out to Spanish River High within 2 weeks of attending. **Cash** only payments will be accepted **on the day of registration** if space is available.

General Information: **Boys or Girls** are eligible. Each Day camp begins promptly at 9:00 am with a warm-up routine followed by skills and drills. Techniques for footwork, passing, setting, blocking, serving, spiking, serve receive, defense and offense strategies will be demonstrated and taught. Strength training and conditioning will also be discussed and practiced.

Which Camp is Right For You: Either **Session 1** or **Session 2** is designed for Elementary School through High School age players. We will then put the player in an ability and age appropriate group.

COST: Each week is \$285 **non-refundable** fee which entitles the camper to a camp T-shirt and instruction to be a better volleyball player. If 2 weeks are attended, the cost is \$510.

CHECK-IN: Spanish River High School Gym
Session 1: 8:30 July 17
Session 2: 8:30 July 24

MAIL TO: Lori Eaton
829 Bailey Street
Boca Raton, FL 33487
Or call: 561-353-8789

Fill out and return the following with your deposit 2 Weeks prior to the start date. Only cash will be accepted on the start date provided the camp is not full.

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PHONE#_____ EMERGENCY#_____

E-MAIL_____

Tee-Shirt Size (adult)_____

I give my child, _____, permission to participate in The Spanish River Volleyball Camp at Spanish River High. I understand that my registration fee is non-refundable and does not provided insurance coverage for accident or injury. To my knowledge, my child is in good health and of sound body.

_____ Parent/Guardian Signature

Insurance Co:_____ Policy#_____

Physicians's Name _____ Phone# _____

Session 1 Check# _____ Session 2 Check# _____