

# Jennies Volleyball Registration Form

## **Camper Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address (will be used to send confirmation packets): \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Grade (next fall) \_\_\_\_\_

Roommate Request/Day camp Group request \_\_\_\_\_

Circle T-shirt size: Youth Sizes **M L**  
Adult Sizes **S M L XL XXL**

High School/Middle School \_\_\_\_\_

## **Parent/Guardian Information**

Name: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name and relationship: \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_

## **Insurance/Medical Information**

Insurance Co. Name and Phone Number: \_\_\_\_\_

Insurance Co. Policy Number: \_\_\_\_\_

Insurance Co. Policy Holder Name: \_\_\_\_\_

Medical Information: (i.e. Allergies, health issues) \_\_\_\_\_

\_\_\_\_\_

**Camp Information:**

Please check the camp(s) you will attend:

**JENNIES DAY CAMP**, July 5-7

\$90

**Individual Training Camp**, July 8-10

Commuters \$225

Residents \$265

**\$ \_\_\_\_\_ TOTAL DUE**

All camps require a \$75 nonrefundable deposit to register. For Day Camp, the full \$90 fee is required. The full amount is due upon check in.

Signature \_\_\_\_\_

Make check payable to:

**Flip Piontek**

Return to:

Jennies Volleyball Camp  
University of Central Missouri  
105 Multipurpose Building  
Warrensburg, MO 64093  
Phone: (660) 543-4572  
FAX: (660) 543-8034  
E-mail : [elder@ucmo.edu](mailto:elder@ucmo.edu)

or

Register online at [www.jenniesvolleyballcamps.com](http://www.jenniesvolleyballcamps.com)