

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 (*Day camp and individual camp only*):

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 9-11

\$90

Individual Training Camp

July 12-14

Commuters \$225

Residents \$275

Team Camp (arranged by volleyball coach)

Dates: _____ and school: _____

\$20 per session How many sessions: _____

\$_____ TOTAL DUE

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

or

Register online at www.jenniesvolleyballcamps.com