

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 11-13. \$90

Individual Training Camp, July 14-16. 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 or Register online at www.jenniesvolleyballcamps.com