



# PANTHER PERFORMANCE



## ~ VARSITY CAMP ~

Dear Parents or Guardians:

It is my pleasure to announce the 10<sup>th</sup> annual Varsity advanced volleyball camp for all girls at the varsity level, on August 9<sup>TH</sup> & 10<sup>TH</sup> from 9 am to 3 pm daily. There will be a lunch break from 11:30-12:30. Camp space is limited due to safety of all campers.

The camp will be directed by varsity head volleyball coach Kelly Unverdorben, and area college players. Early bird fee is \$150 per camper, after June 30<sup>th</sup> Camp fee is \$165. Each player will receive a t-shirt. Discounts available for siblings. Any extra funds will benefit the PCS varsity team. If you would like to purchase a volleyball for an extra \$45. Please note on form below.

The camp will begin at 9 am sharp. Campers should be dressed and ready to play by 9 am please. The camp location is at the Portville high school & South gyms.

Players will be scrimmaging competitively with other players from other schools, learning advanced attacks, sets, blocking, court awareness and more, during timed tournament play. The camp will also focus on life skills, such as teamwork, communication, sportsmanship and having FUN! Please help us continue to grow the great sport of volleyball. There will be a concession stand available.

**Please mail application form and check by JUNE 30<sup>th</sup> for early bird.**

**Things to Bring:**

**Make checks payable to:** Panther Performance Camps  
**Mail to:** Kelly Unverdorben,  
PCS Head Volleyball Coach, 267 W River Rd Portville, NY 14770

**-Shorts    -Knee pads**  
**-Socks    -T-Shirts (extra)**  
**-Sneakers   -Water Bottle (No Sharing)**

(Please detach this portion and mail with check)

Players Name: \_\_\_\_\_ Grade (Fall 2022) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Parent cell: \_\_\_\_\_ email: \_\_\_\_\_ Emergency: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (If received after June 25<sup>th</sup>, (NO guarantee on a T-Shirt) Doctor Name: \_\_\_\_\_

Specify Y-Youth, A-Adult      **\*\*Check Players Position they would like to play at camp OH \_\_\_ S \_\_\_ L \_\_\_ MB \_\_\_ RS \_\_\_ DS \_\_\_**

Parent or Guardian Name: \_\_\_\_\_ Doctor's number \_\_\_\_\_

\$45 Ball Yes or No      Name of your school \_\_\_\_\_