



PANTHER PERFORMANCE



~ VARSITY CAMP ~

Dear Parents or Guardians:

It is my pleasure to announce the 12th annual Varsity Advanced Volleyball Camp for all girls at the varsity level, on August 7TH & 8TH from 9 am to 3 pm daily. There will be a lunch break from 11:30-12:30. Camp space is limited. Panther Performance Camps are the area’s premier and most sought-after camps. Do not miss out on this one.

The camp will be directed by eight-time NYS champion varsity head volleyball coach Kelly Unverdorben, and area college players. Early bird fee is \$160 per camper, after June 30th Camp fee is \$175. Each player will receive a t-shirt.

Discounts available for siblings. Any extra funds will benefit the PCS varsity team.

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. This camp is sure to get you ready for the 2024 high school season.

Please mail application form and check by JUNE 30th for early bird.

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

Things to Bring:

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

(Please detach this portion and mail with check)

Players Name: _____ Grade (Fall 2024) _____ Current high school: _____

Address: _____ City/St./Zip: _____

Parent cell: _____ email: _____ Emergency: _____

T-Shirt Size: _____ (If received after June 25th, (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 _____