

MARQUETTE MUSTANGS VOLLEYBALL CAMP

SUMMER 2019

WHAT: Volleyball Skills Camps: Sessions will concentrate on volleyball fundamentals, including **passing, setting, serving, hitting, and blocking**. Skills and drills will be tailored to the abilities of players registered. Each session will also include game play and conclude with a mini-tournament.

WHERE: **Crestview Middle School Gym 1 & 2**

WHEN: **MONDAY - THURSDAY, JUNE 10-13, 2019**

Session I	Girls & Boys entering grades 4-6	12:15-2:15 p.m.**
Session II	Girls & Boys entering grades 7-8	12:15-2:15 p.m.**
Session III	Girls Only entering grades 9-12	2:30-5:00 p.m.

**** Sessions I and II are at the same time but will be separated to accommodate different net height and volleyballs****

HOW: The **cost** of camp is **\$85.00 per player, \$95.00 per player for late registration after May 5, 2019.**

- checks should be made payable to "Marquette Volleyball"
- all campers will receive a Marquette Volleyball Camp t-shirt*
- Registration will be accepted starting Monday, March 11, 2019
- Gym space is limited so be sure to sign up early before we're full!!!

Register for camp by filling out the form at the bottom of the page, and returning it with the registration fee by Wednesday, May 22, 2019*

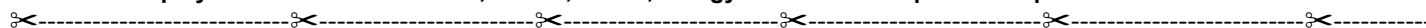
**Crestview Middle School
Attention: Tammy Becker
16025 Clayton Rd
Ellisville, MO 63017**

Players registered by the deadline are guaranteed a t-shirt.

For questions, or to check for opening after the registration deadline, please **email:** beckertammy@rsdmo.org

STAFF: Tammy Becker – Head Coach, MHS Girls Volleyball
Kacey McBride – Assistant Coach MHS Girls/Boys Volleyball
Tim Boeddeker – Assistant Coach MHS Girls/Boys Volleyball
Current and past members of the Marquette Volleyball program

****All players should wear t-shirts, shorts, socks, and gym shoes. Knee pads are optional but recommended****



Player's Name				Home Telephone ()				
GRADE IN THE FALL: 4 5 6 7 8 9 10 11 12			GENDER M F		SESSION: I II III IV		ADULT SIZE T-SHIRT Youth XL S M L XL	
Street Address					City			
Email Address					State		ZIP	
Emergency Contact Name				Emergency Contact Telephone ()				
Does this player have any club or league volleyball experience? YES NO If so, how many years?								
The statement below is to be completed for all Rockwood sports camps and clinics (please circle & initial) My child is adequately covered by an accident/medical policy for athletic injuries: YES NO _____								