MARQUETTE VOLLEYBALL SUMMER CAMP 2026

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: **Marquette High School**

WHEN: **Monday-Thursday, June 1-4**

Coed youth session - entering grades 3rd-6th 8:00- 9:30 am
Coed middle school session - entering grades 7th & 8th 9:45-11:15 am
Girls High School session - 11:30-1:30

COST: **The cost of camp is $90.00 per player, due by May 15, 2026, LATE registration is $100**

2 WAYS TO REGISTER -PLEASE DO NOT FILL OUT GOOGLE FORM WITHOUT SUBMITTING ONLINE PAYMENT
Pay online with the parent pay online app https://mo-rockwood.intouchreceipting.com/ AND Complete the online registration link: https://forms.gle/fQ3ShPPeWLmGDHxK9 **ONLINE PAYMENT PORTAL OPEN FROM FEB 1 - MAY 15 After May 15, please pay by cash or check.**

IF YOU ARE NOT REG & PAYING ONLINE, Please send a check made payable to "**Marquette Volleyball**" and have athletes name on memo line. Return the registration form & fee to: **Marquette High School, % Tammy Becker, 2351 Clarkson Rd, Chesterfield, MO 63017**

Players registered by the deadline are guaranteed a t-shirt. Walk-up regs accepted but shirt size is not guaranteed,
Contact beckertammy@rsdmo.org with any questions

STAFF: Tammy Becker – Head Coach, MHS Asst coaches, and alumni players

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

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Player's Name			Home Telephone ( )
GRADE ENTERING IN THE FALL 2025: 3 4 5 6 7 8 9 10 11 12	School	Gender M F	**T-shirt Size** Youth med Youth Large **ADULT SIZE** XS 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 _____			