CAMP REQUEST FORM

| SPORT: Volleyball | DATES OF CAMP: June 4-7 | |
|--|-------------------------|--|
| WHO IS ELIGIBLE? | | |
| AGE/GRADE OF PARTICIPANTS: 5th-6th Grade. | | |
| NORTON ONLY OR OTHERS: Norton Only | | |
| HOW WILL THE CAMP BE ADVERTISE (Please attach a copy of the camp brochure/i | | |
| COST: | | |
| COMPLETE THE FOLLOWING: | | |
| *COST BREAKDOWN PER CAMPI | ER | |
| T-Shirt/Jersey | Instruction | |
| Refreshments | Advertising | |
| Prizes | Additional Costs | |
| Total | 87 | |
| *NAMES OF COACHES/INSTRUCTORS: | | |
| Sean Burns Julia Moskalak Lauren Gehring Leslie Hohr | | |
| Francisca Thurston Sydney Hugenb | ush | |
| *SALARY BREAKDOWN OF COACHES/INSTRUCTORS: | | |
| | | |
| The following should be included in your camp brochure/flier: | | |
| *A SPECIFIC TIME SCHEDULE FOR EACH DAY | | |
| *OBJECTIVES · | | |
| *FACILITY USE - PLACES, DATES AND TIMES | | |
| (Note: Outside groups must complete facility use form and provide liability insurance) | | |
| San 3 | 4-17-18 | |
| (Signature of Sponsor) | (Date) | |
| Q Sliner | 4/19/18 | |
| (Signature of Athletic Director) (Date) | | |
| _AShu_ | 4.19.18 | |
| (Signature of Building Principal) | (Date) | |
| | 4/25/18 | |
| (Signature of Superintendent) | (Date) | |

NORTON YOUTH VOLLEYBALL CAMP

Dear Parents,

The volleyball coaching staff is excited to announce that the youth volleyball camp is returning this year! The program is designed for Norton girls in the 5th and 6th grade who interested in playing volleyball at the middle school level starting in 7th grade. Players will have the opportunity to develop skills and learn to play as a team. There will be opportunity for competition throughout the camp as well to showcase the skills they will be learning. The future of the program starts with you. We are looking forward to your participation!

Sincerely, Norton Volleyball Coaching Staff

Norton Youth Volleyball Camp

Who: 5th and 6th grade girls

When: Monday June 4th - Thursday June 7th

Where: Norton High School Time: 2:30-4:30pm Cost: \$40 Deadline: May 18th

CHECKS PAYABLE TO NORTON VOLLEYBALL, DROP OFF AT HIGH SCHOOL TO ATHLETIC OFFICE

| REGISTRATION FORM Name of player | _ Entering Grade |
|--|--|
| Player Address | |
| Parent Names | |
| Email Address | Other # |
| Shirt Size YS YM YL AS AM | |
| immediately from camp by the coaching staff wir obtained. I understand that my daughter will be and that I will make sure she is picked up from ca Parent | daughter be injured while playing at camp. I also camp rules and regulations that she can be dismissed the no refunds of fees and she forfeits all items treated fairly and with dignity and class at all times amp on time every day. |
| In case of emergency, please notify at at | at |
| Or at | |
| If I cannot be reached, the coaching staff has my services. Parent signature | approval to call Norton Paramedic Emergency |

For more information, contact the Head Coach at smilbur2@kent.edu