

Bob Bertucci Volleyball Camps & Clinics

CAMP REGISTRATION FORM

Please print out this form and mail it to:

Bob Bertucci Volleyball Camps
4670 Highland Way
Center Valley, PA 18034



| | |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Camper Name | <input type="text"/> |
| Address | <input type="text"/> |
| City, State, Zip Code | <input type="text"/> |
| Phone (include Area Code) | <input type="text"/> |
| Email Address | <input type="text"/> |
| Grade Entering Sept 2013 (students only) | <input type="text"/> |
| Year of High School Graduation (students only) | <input type="text"/> |
| School (students only) | <input type="text"/> |
| Coach's Name | <input type="text"/> |
| Coach's Phone | <input type="text"/> |
| Coach's Email Address | <input type="text"/> |
| Roommate (overnight only) | <input type="text"/> |
| Course Date | <input type="text"/> |
| Course Location | <input type="text"/> |
| How Did You Hear About Camp? | <input type="checkbox"/> Internet <input type="checkbox"/> HS Coach <input type="checkbox"/> Club Coach <input type="checkbox"/> Past Camper <input type="checkbox"/> Other _____ |

| | |
|-------------------------------------------|----------|
| Amount Due | \$ _____ |
| Less Second Camp | \$ _____ |
| Total Due | \$ _____ |
| Amount Enclosed (minimum \$50) | \$ _____ |