

Anchor Volleyball Camp Registration Form

Name: _____ Birth Date: _____

Age: ____ Position(s): _____

E-mail Address (Please Print): _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Parents/Guardian Phone: () _____

Parents/Guardian Name: _____

Payment Method (circle one): **Check** **Cash**

I hereby authorize the Camp Director (Coach K.T.) and the Court Coaches to act for me according to their best judgement in any emergency.

Signature of Parent/Guardian: _____

Please share two things you would like to get better at (or learn) during this camp:
