The 4th Annual TCC Volleyball Camp

When: August 11th, 12th & 13th 2010

Where: Tacoma Community College Gym (Tacoma campus)

Time: 9:30 am -11:30pm Ages 8-11
Time: 1:30pm-4:30pm Ages 12, 13, and 14
Time: 6pm-9pm Ages 15 and Up

Cost: $25 for ages 11 and under
$75 for ages 12 and up

(Each player will receive a camp T-shirt & an unforgettable experience!)

The Camp Director will be Angela Spoja, TCC’s head coach. The ratio of camp coaches to players will be 2 to 10. Coaches will be TCC players with experience, expertise and enthusiasm to share for the wonderful game of Volleyball.

Ninety percent of the camp proceeds will benefit the TCC Volleyball Scholarship fund.

Purpose: The focus of TCC Volleyball camp will be aimed towards preparing students for the upcoming school volleyball tryouts, enabling them to put forth their best effort and fine tune their skills.

What to bring: Wear comfortable clothing for playing volleyball including proper gym shoes & knee pads. Ankle supports are recommended. Bring your own (labeled) water bottle, your own healthy snacks. Please label all personal items and leave valuables at home.

To register for the camp fill out the information attached. Also provide a deposit of $30 or payment in full of $75 by July 12. (Cash or Checks only...make checks out to Angela Spoja or The Edge. Please send paperwork and deposit to Rhonda Ogilvie at 1848 Hoffman Hill, Dupont, WA 98327.)
**Player Information**

Name_________________________________ Birth date_________ T-shirt Size…YL AS AM AL

School and grade this fall______________________________________________________________

Have you played on a club team?_______ Which team?____________________ Prefered position____________________

Home Mailing Address______________________________________________________________

Parent’s names______________________________________________________ Parents email______________________________

Home phone__________________ Mom’s cell phone__________________ Dad’s cell phone____________

**Emergency Contact information**

Name of contact________________________ Relationship____________ Phone #___________________

Medical Insurance____________________ Policy number__________________________