

CAROLINA

VOLLEYBALL CAMPS

Team Camp Reservation Form

School Name: _____

Address: _____

Coach/Team Representative: _____

E-mail: _____ Phone (cell): _____ (Work): _____

Home Address of Coach/Team Rep: _____

Session 1 (July 25-28, 2010) (include # of teams/players)

_____ \$3,200/Team (8 players, 1 coach & 1 Carolina Staff coach)

_____ \$375 per ADDITIONAL PLAYER

_____ \$200 per additional COACH/TEAM REP

_____ \$50 per person for EARLY ARRIVAL/EXTRA NIGHT

Session 2 (July 29 - 31, 2010) (include # of teams/players)

_____ \$2,400/Team (8 players, 1 coach & 1 Carolina Staff coach)

_____ \$2,100/Team (8 players & 1 coach)

_____ \$275 per ADDITIONAL PLAYER

_____ \$150 per additional COACH/TEAM REP

_____ \$50 per person for EARLY ARRIVAL/EXTRA NIGHT

We expect to have the \$500 per team deposit mailed by: _____

(Date)

The deposit will be mailed from _____

(Party writing check)

To reserve your space in Team Camp mail this form and check to:

Carolina Volleyball Camps

Attn: Team Camp

PO Box 908

Chapel Hill, NC 27514

Fax to 919-843-8543 attn: Carolina Volleyball Team Camp

Call 919-612-7009 or e-mail carolinavolleyballcamps@yahoo.com with questions