

Mettle Volleyball Academy

SUMMER 2018 VOLLEYBALL CAMPS

SUMMER IS A GREAT TIME TO IMPROVE YOUR SKILLS. SPACE IS LIMITED. SIGN UP TODAY!

<u>DATE</u>	<u>TIME</u>	<u>AGE/LEVEL</u>	<u>DESCRIPTION</u>	<u>FEE</u>
June 11-14	8am-10am	High School/Advanced	All Skills	\$200
	10:15a-11:15p	5 th -8 th grade/All Levels	Overhand Serving	\$100
	11:30-1:30pm	6 th -8 th grade/Intermediate	All Skills	\$200
June 18-21	8am-10am	High School/Advanced	All Skills	\$200
	10:15a-11:15p	5 th -8 th grade/All Levels	Overhand Serving	\$100
	11:30p-1:30p	6 th -8 th grade/Intermediate	All Skills	\$200
June 25-28	8am-10am	High School/Advanced	All Skills	\$200
	10:15a-11:15a	5 th -8 th grade/All Levels	Overhand Serving	\$100
	11:30-1:30p	6 th -8 th grade/Intermediate	All Skills	\$200
July 2,3,5,6	10am-11:00a	5 th -8 th grade/All Levels	Overhand Serving	\$100
July 17-20	8am-10am	High School/Advanced	All Skills	\$200
	10:15am-11:15pm	5 th -8 th grade/All Levels	Overhand Serving	\$100
	11:30p-1:30pm	6 th -8 th grade/Intermediate	All Skills	\$200
July 31 -Aug.3	9am-11am	7 th & 8 th grade/Advanced	Pre Season/All Skills	\$200
	11:15am-1:15pm	9 th & 10 th grade/Advanced	Pre Season/All Skills	\$200
	1:30P-3:30PM	Varsity Players/Advanced	Pre Season/All Skills	\$200
Aug. 6-9	11:00a-1:00p	5 th -8 th grade Team Camp	\$1000/team (6 player min.)	
	1:00p-3:00p	5 th -8 th grade Team Camp	\$1000/team (6 player min.)	

Please fill out registration form on the back specifying which camp(s) you are interested in.

Questions? Email TerriBoumans@MettleVolleyball.com 630-485-1497

Mettle Volleyball Academy

31W300 Schoger Dr. Naperville, IL 60564

SUMMER VOLLEYBALL CAMP 2018

REGISTRATION FORM

Camp Option(s) _____

Player's Name _____

Grade(2018/19) _____ School _____

Home Address _____

Mother's Cell # _____ Father's Cell # _____

Emergency Contact (if other than parent listed) _____

Email Address _____

Briefly describe player's volleyball experience prior to Mettle Volleyball Academy

I, _____ (Parent's Name) hereby grant permission for my child to attend Mettle Volleyball Academy Summer volleyball camp(s). My child has no medical condition that would interfere with her participation. I release Mettle Volleyball Academy and the coaching staff from any liability or from any injuries that may occur.

Parent/Guardian Signature _____ Date _____

Amount Paid _____ Check No. _____

Mail completed Form & Check to: Mettle Volleyball Academy, P.O. Box 9222, Naperville, IL 60567

Make checks payable to: Mettle Volleyball Academy. You will receive an email confirmation upon receiving registration