

Saluki Volleyball 2018 Camps/Clinics

Camp Dates and Times

Day Clinics I: June 4-6/Clinic II: July 9-11

(18B0200901/18B0200903)

Youth Camp

Grades: 7 and Under Cost: \$100

Time: 8:30 a.m.—11:30 a.m.

Setting/Attacking/Defense & Blocking/Serving & Passing

Grades: 6—Entering College Freshman

Cost: \$90/only 1 session; \$75/if participating in more than one session

Setting: 2p.m.—3:30 p.m.

Attacking: 3:30 p.m.—5:00 p.m.

Defense/Blocking: 5:00 p.m.—6:30 p.m.

Serving/Passing: 6:30 p.m.—8:00 p.m.

****For more information/description of the camps, please visit**

conferenceservices.siu.edu.**

All campers will receive a water bottle and sling bag!

All Skills Camp: June 7-8 (18B0200902)

Grades: 6-12

Cost: \$260 (Overnight)/\$225 (Commuter)

Day 1: 1 p.m. check-in and end at 8 p.m. (Dinner provided for all campers)

Day 2: All Day 9:00 a.m.—8:00 p.m. (Lunch and Dinner provided for all campers, Breakfast provided for overnight campers only.)

High Performance Camp: July 15-17 (18B0200904)

Grades: 9—Entering College Freshman

Cost: \$345 (Overnight)/\$280 (Commuter)

Day 1: 5 p.m. check-in and end at 8:30 p.m.

Day 2: All Day 9:00 a.m.—8:30 p.m. (Lunch and Dinner provided for all campers, Breakfast provided for overnight campers only)

Day 3: 9:00 a.m.—Noon (Breakfast provided for overnight campers)

2018 Registration Form

Space is limited. Registration is open until camps/clinics are full.

Enrollment is on a “first-come, first-served” basis. Walk ups the day of the camp or clinic are accepted ONLY IF space is still available. Registration is due at least one week prior to the start of your camp date. A Medical Release Form must be submitted for each camper. Cancellations must be submitted in writing at least one week before camp begins. Your camp cost, minus a \$25 cancellation fee, will be refunded at this time.

Name: _____ Birthdate: _____ Height: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

School: _____ City: _____

Grade (Fall 2018): _____ Position: _____ Allergies/Medications: _____

Special Dietary Needs: _____ Physical Limitations/Prior Injuries: _____

DAY CLINICS I—JUNE 4-6

Youth Camp \$100

If participating in more than one of the following, price is reduced to \$75/session:

Setting \$75/\$90

Attacking \$75/\$90

Defense/Blocking \$75/\$90

Serving & Passing \$75/\$90

DAY CLINICS II—JULY 9-11

Youth Camp \$100

If participating in more than one of the following, price is reduced to \$75/session:

Setting \$75/\$90

Attacking \$75/\$90

Defense/Blocking \$75/\$90

Serving & Passing \$75/\$90

MULTI-DAY CAMPS

All—Skills Camp

June 7—8

Commuter \$225

Overnight \$260

High Performance Camp

July 15—17

Commuter \$280

Overnight \$345

TOTAL AMOUNT ENCLOSED: \$ _____

If paying by credit card, please fill out the following:

Account # _____ Exp. Date _____ CVC (3 digits) _____

Name on Card (Print) _____ Payer Email Address (for receipt) _____

MAIL form to: Conference and Scheduling Services, Southern Illinois University Carbondale, 1255 Lincoln Drive, Mail Code 6705, Carbondale IL 62901

FAX to 618-453-5680 | CALL 618-536-7751 | or register ONLINE at conferenceservices.siu.edu