Saluki Volleyball 2018 Team Camp

Camp Dates and Times

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Team Camp: July 13-14

Grades: Jr. High/JV/Varsity Cost: \$250 (July 13 ONLY)/\$500 (JULY 14 ONLY)/\$750 (July 13/14)

- July 13: Training and Team Building Option A: 1:30 pm Check-in; Sessions 2—5 p.m. & 6 —8 p.m. Option B: 2:30 pm Check-in: Sessions 3 —6 p.m. & 7 —9 p.m.
- July 14: Tournament with Positional Training Session 7:30 a.m.: Check-In 8—9 a.m.: Positional Training 9 a.m.—8 p.m. Tournament Play (Format determined by number of teams)

Meals/Residential options are not provided for either day.

(18B0200901-04)

2018 Registration Form

Saluki Team Camp is open to any and all girls' varsity,

junior varsity, and junior high teams looking to take their

team to the next level. A team can have between 8 and

10 players. Teams are provided a coach from our camp

work with the teams to make an individualized plan on

learn how to win as a unit. We offer a few options to suit

the needs of your team. Team training is offered on July

13th which is a combination of on court training and team

building activities. July 14th will consist of individual posi-

tional training followed by a competitive full day tourna-

ment. At the end of this camp your team will be excited and on the way to being prepared for the upcoming sea-

son. Space is limited so reserve your spot today.

how to improve team chemistry, be competitive, and

staff for a competitive experience to train and refine their skills as a team and as individuals. Our camp staff will

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

Enrollment is on a "first-come, first-served" basis. 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.

Name:					
Address:		City:	St	ate:	Zip:
Phone Number:	E-Mail Address:				
School:		City:			
Number of Players Bringing:					
 Please Choose One Option: □ Training & Team Building/ Tournament Day \$750 □ Option A □ Option B □ Tournament Day \$500 □ Training & Team Building Day \$250 □ Option A □ Option B 	provided a spreadsheet	er with name, grade and contact information will need to be at time of registration. The rosters may be provided in excel format and emailed to lagodwin@siu.edu. A medical release orm will need to be provided for each participant.			
TOTAL AMOUNT ENCLOSED: \$	** A no	on-refundable de	posit of \$150 o	due at time	of registration.
If paying by credit card, please fill out the foll Account #	-	Exp. Date	C	VC (3 digits)
Name on Card (Print)					
Payer Email Address (for receipt)					
MAIL form to: Conference and Scheduling S Co FAX to 618-453-5680 CALL 618	ode 6705, Carb	ondale IL 62901			