



2017 Tiger Volleyball Team Camp
(TO BE FILLED OUT BY SCHOOL COACH ONLY)

Name of School: _____

School Address: _____

Coach's Name: _____

Primary Phone #: (____) _____

Email: _____

Home address: _____

Home Phone #: (____) _____

Work Phone #: (____) _____

Fax #: (____) _____

2nd Contact: _____

Phone #: (____) _____

of players attending camp: _____

July 21-23 TEAM CAMP OPTION 1

\$150 non-refundable deposit *per school*

- Camp fee: \$165 per player
- Housing and Dining Fee: \$160 per player or coach/staff member

July 22-23 TEAM CAMP OPTION 2

\$150 non-refundable deposit *per school*

- Camp Fee: \$140 per player
- Housing and Dining Fee: \$125 per player or coach/staff member

**Please note the number of teams you wish to register: _____

Please return to Ethan Pheister via fax at (225)578-4780 or email at epheister@lsu.edu