

2017 TIGER VOLLEYBALL TEAM CAMP REGISTRATION FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL (required) _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE _____

GRADE ENTERING FALL 2017 _____ AGE AS OF 7/1/17 _____

SCHOOL NAME _____ CLUB TEAM _____

ROOMMATE REQUEST _____

T-SHIRT SIZE (please circle) YS YM YL AS AM AL AXL AXXL

PLEASE CHECK OFF YOUR CAMP CHOICES:

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 FILL OUT THE FOLLOWING INFORMATION:

Name of person paying for camp _____
Relationship of payer to camper _____

****MAIL IN REGISTRATIONS MUST BE PAID WITH A SCHOOL CHECK ONLY****
****NO PERSONAL CHECKS OR CASH WILL BE ACCEPTED AT ANY TIME****

Campers and Parents: You must complete this form AND the Medical and Liability Form to register your child for camp. Please contact your coach for information on how to pay camp fees.

Coaches, please mail registration forms to:
LSU TIGER VOLLEYBALL CAMP
631 SOUTH LAKEVIEW DRIVE
BATON ROUGE, LA 70810