



Coyote Volleyball Camp

Campo Verde High School 3870 S. Quartz St., Gilbert, AZ 85297
Girls Head Coach: Tayler (Bader) Peterson (tayler.bader@gilbertschools.net)

When : July 23-25, 2019

Sessions:

9th-12th Grade Girls	8:30 a.m. - 11:00 a.m.	\$100
6th-8th Grade Girls	11:15 a.m. - 1:15 p.m.	\$80
K-5th Grade Boys & Girls	1:30 p.m. - 2:30 p.m.	\$50

Walk-in Registration is available.

Please detach bottom portion and send with payment to address above. Keep top portion for your records.

Please make all checks payable to : COYOTE VOLLEYBALL CAMP (Memo: Student's Name)

Student's Name: _____ 19-20 School: _____ Grade: _____

Parent's Name: _____ Parent's Phone Number: _____

Address: _____

E-Mail Address: _____

Shirt Size (Please Circle): Youth: YS YM YL Adult: S M L XL XXL

Please check a session:

For Office Use Only:

<input type="checkbox"/> 9-12th Grade Girls	8:30 a.m.-11:00 a.m.	Cost: \$100	Amount Paid: _____
<input type="checkbox"/> 6-8th Grade Girls	11:15 a.m.-1:15 p.m.	Cost \$80	Cash or Check
<input type="checkbox"/> K-5th Grade Boys and Girls	1:30 p.m.-2:30 p.m.	Cost \$50	Check #: _____

As a condition precedent to participating in the Coyote Volleyball Camp, I, as the parent and/or legal guardian of _____ agree to maintain health insurance for my son/daughter while participating in this camp. If I do not maintain health insurance for my son/daughter, I agree to purchase the student accident insurance policy offered through the school district.

Parent Signature: _____

Date: _____