

SOKOL VOLLEYBALL CAMP 2010 SESSIONS



SOKOL volleyball camp

www.sokolvolleyball.com • camps@sokolvolleyball.com • (713) 927-5014

CAMP	DATES	TIMES	SITE	COST
<input type="checkbox"/> Skills I	6/14-6/17	9:30-12:00	LAM	\$185.00
<input type="checkbox"/> Day Clinic Serve-Pass	6/18-6/18	9:30-12:00	LAM	\$60.00
<input type="checkbox"/> Competition	6/14-6/17	1:00-3:30	LAM	\$210.00
<input type="checkbox"/> Skills II	6/21-6/24	9:30-12:00	LAM	\$200.00
<input type="checkbox"/> Hitter	6/21-6/23	1:00-3:30	LAM	\$175.00
<input type="checkbox"/> Day Clinic Serve-Pass	6/24-6/24	1:00-3:30	LAM	\$60.00
<input type="checkbox"/> Day Clinic Libero-Defense	6/25-6/25	9:30-12:00	LAM	\$60.00
<input type="checkbox"/> Skills I	6/28-7/01	9:30-12:00	LAM	\$185.00
<input type="checkbox"/> Day Clinic Serve-Pass	6/28-6/28	1:00-3:30	LAM	\$60.00
<input type="checkbox"/> Day Clinic Hit-Block	6/29-6/29	1:00-3:30	LAM	\$60.00
<input type="checkbox"/> Day Clinic Serve-Pass	6/30-6/30	1:00-3:30	LAM	\$60.00
<input type="checkbox"/> Day Clinic Libero-Defense	7/01-7/01	1:00-3:30	LAM	\$60.00
<input type="checkbox"/> Day Clinic Hit-Block	7/02-7/02	9:30-12:00	LAM	\$60.00
<input type="checkbox"/> Skills I	7/05-7/08	9:30-12:00	LAM	\$185.00
<input type="checkbox"/> Hitter	7/05-7/07	1:00-3:30	LAM	\$175.00
<input type="checkbox"/> Day Clinic Serve-Pass	7/08-7/08	1:00-3:30	LAM	\$60.00
<input type="checkbox"/> Day Clinic Libero-Defense	7/09-7/09	9:30-12:00	LAM	\$60.00
<input type="checkbox"/> Hitter	7/12-7/14	9:30-12:00	TKS	\$175.00
<input type="checkbox"/> Competition	7/12-7/15	1:00-3:30	TKS	\$210.00
<input type="checkbox"/> Setter	7/15-7/16	9:30-12:00	TKS	\$135.00
<input type="checkbox"/> Skills I	7/19-7/22	9:30-12:00	TKS	\$185.00
<input type="checkbox"/> Skills II	7/19-7/22	1:00-3:30	TKS	\$200.00
<input type="checkbox"/> Day Clinic Serve-Pass	7/23-7/23	9:30-12:00	TKS	\$60.00
<input type="checkbox"/> Hitter	7/26-7/28	9:30-12:00	LAM	\$175.00
<input type="checkbox"/> Skills II	7/26-7/29	1:00-3:30	LAM	\$200.00
<input type="checkbox"/> Day Clinic Serve-Pass	7/29-7/29	9:30-12:00	LAM	\$60.00
<input type="checkbox"/> Day Clinic Libero-Defense	7/30-7/30	9:30-12:00	LAM	\$60.00
<input type="checkbox"/> Skills I	8/02-8/05	9:30-12:00	TKS	\$185.00
<input type="checkbox"/> Day Clinic Serve-Pass	8/02-8/02	1:00-3:30	TKS	\$60.00
<input type="checkbox"/> Day Clinic Hit-Block	8/03-8/03	1:00-3:30	TKS	\$60.00
<input type="checkbox"/> Day Clinic Serve-Pass	8/04-8/04	1:00-3:30	TKS	\$60.00

First Name _____ Last Name _____ Entering Grade _____ Grad. Year _____

Address _____ City/St. _____ Zip _____

Birth Date _____ Home Ph. # _____ Mobile # _____

School Name _____ Club _____ Adult T-Shirt XS S M L XL

Elementary High School

Junior High Private School

of Years Played _____

I am a Setter Outside Hitter Middle Hitter

Right Side Libero / DS Not Specialized

All correspondence, including confirmations, will be emailed.

Maps and Directions are available online at sokolvolleyball.com

Waiver/Proof of Insurance/Policy Acknowledgement

I hereby authorize the camp staff to act for me, according to their best judgment, in any emergency requiring medical attention, and hereby waive and release the Sokol Volleyball Camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any medical problem or physical impairment that would affect the above named camper to safely participate in the camp program as outlined online at sokolvolleyball.com. I certify that the above named camper is covered by a medical insurance policy in case of illness or injury. By submitting this form, I am acknowledging that I have read and understood the Sokol Volleyball Online Policy Page and agree to its terms and conditions.

Medical Insurance Co. _____ Policy # _____

Signed (Parent or Guardian) _____ Date _____

**Please fill out registration form - include payment or credit card information and mail to:
Sokol Enterprises: P.O. Box 2023, Bellaire, TX 77402-2023**

E-mail _____

(Mandatory Field: Please provide valid email for confirmations and reminders)

Camp / Clinic Costs \$ _____

Add'l on or after June 1st \$25 (per camp) \$ _____

\$15 (per one day clinic) \$ _____

Total Enclosed \$ _____

Method of Payment check credit card money order

SITE CODES

TKS - The Kinkaid School LAM - League America

FOR OFFICE USE ONLY				
Payment	Check #	Money Order	Cash	Credit Card
Date Rec	Roster	Conf	Ref	Date