

2009 SUMMER VOLLEYBALL CAMP

Who : 8th-12th grades
When : July 19th -22nd
Where : Hillsdale College Sports Complex

The Camp:

Our camp includes intensive training on fundamentals, skills (passing, attacking, serving, serve receive, defense, blocking), and offensive and defensive strategies. All campers are placed into groups of similar skill levels in order to insure the most improvement, challenge, and fun during the camp experience. Campers are supervised at all times by coaching staff during training sessions and by the housing staff in the dorms. Each camper will receive a camp accessories bag.

The 2009 Hillsdale College Volleyball coaching staff will direct and instruct the Hillsdale College Volleyball Camp.

Camp Sessions:

Sunday	Check-in for overnights at Jesse Phillips Arena	12:00 p.m.	
	Day Campers check-in at Jesse Phillips Arena	12:45 p.m.	
	1st Session 1:30 p.m. - 4:00 p.m.	2nd Session 6:30 p.m. - 8:00 p.m.	
Monday-Tuesday	1st Session 9:30 a.m. - 11:30 a.m.	2nd Session 1:30 p.m.-4:00 p.m.	3rd Session 6:30 p.m.- 8:00 p.m.
Wednesday	1st Session 9:30 a.m. - 11:30 a.m.	Lunch / Check-out of Dow Center - 11:45 a.m.	Tournament 1:00 p.m. - 3:00 p.m.

Cost:	Option #1: Individual Live-in (includes meals)	\$ 285.00
	Option #2: Instruction Only (players commute)	\$ 180.00

Refunds: No refunds will be made after July 1st unless a letter is received from a physician stating that the participant has become physically unable to play volleyball after that date. Students leaving the camp before the last day and will not receive a refund unless they are forced to leave early for medical reasons.

Physical Examinations: Each Participant must present a copy of a physical examination permitting athletic participation within the current 2008-2009 year. Deadline for registration is 7-1-09 or until space is filled.

Detach Here -----

Camper's name _____ Parent(s) or Guardian _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Age _____
Birthdate _____ High School Graduation Date _____ School _____
Coach _____ Height _____ Position _____
Roommate Preference _____
Camp Option Desired: _____ #1 (\$285) _____ #2 (\$180)

- My payment in full is enclosed. Make checks payable to **Hillsdale College Volleyball**.
- My \$75 deposit is enclosed and I will send the remainder of the balance ten (10) days prior to the beginning of camp.
- My physical examination or doctor's permission slip is enclosed.
- I will bring my physical examination or doctor's permission slip with me to check-in.

Send this portion of the brochure to:

Hillsdale College
Chris Gravel - Volleyball Coach
201 Oak Street
Hillsdale, MI 49242