

Edwardsville High School

Boys Volleyball Camp

For: *Boys entering 9th through 12th grade*

Dates: *July 13-16*

Time: *1p.m.-4p.m.*

Fee: *\$75 (includes T-Shirt)*

Where: *Lucco-Jackson Gymnasium(EHS)*

Camp Director: Andy Bersett

Please make check payable to **EHS Boys Volleyball**. Camp info can be returned to:
Andy Bersett: abersett@ecusd7.org
Head Boys Volleyball Coach
6161 Center Grove Dr.
Edwardsville, IL 62025

Please return the bottom portion with camp money

Players Name: _____ **T-Shirt Size:** _____

Address: _____

Phone Number: _____ **Grade Entering:** _____

In case of an emergency & a parent cannot be reached by phone, I authorize any coach/volunteer to obtain medical treatment for my son _____.

I understand that as the parent/guardian I am responsible for any medical expenses incurred. _____ (Date) _____ (Signature)