

Application Form

Please print and mail with payment and completed [medical waiver](#) to:
Championship Volleyball Camps of East Texas
P.O. Box 13027 - SFA Station
Nacogdoches, TX 75962

Participant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (_____) _____ Age: (at time of camp) _____

Grade: (completed by camp time) _____ School: _____

E-mail address to be used for confirmation: _____

Camp Attending:

- Beginning Skills Camp (\$60)
- Individual Skills Camp-Resident (\$315)
- Individual Skills Camp-Day (\$300)
- Team Camp-Resident (\$315)
- Team Camp-Day (\$300)
- Position Camp-Resident (\$225)
- Position Camp-Day (\$210)
- Coaches' Clinic-Resident (\$150)
- Coaches' Clinic-Day (\$125)

Roommate Preference: _____

I agree to conform to the regulations of the Championship Volleyball Camps of East Texas. I understand that a \$50 nonrefundable deposit is required to reserve my space in the camp(s) in which I am enrolling. I further understand that the balance of the camp fee will be due at or before the time of camp check-in.

Camper Signature

Parent/Guardian Signature

**Please do NOT staple your check to the application form.