

# Bob Bertucci Volleyball Camps & Clinics

## CAMP REGISTRATION FORM

Please print out this form and mail it to:

**Bob Bertucci Volleyball Camps**  
**4670 Highland Way**  
**Center Valley, PA 18034**



Camper Name	<input type="text"/>
Address	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Phone (include Area Code)	<input type="text"/>
Email Address	<input type="text"/>
Grade Entering Sept 2012 (students only)	<input type="text"/>
Year of High School Graduation (students only)	<input type="text"/>
School (students only)	<input type="text"/>
Coach's Name	<input type="text"/>
Coach's Phone	<input type="text"/>
Coach's Email Address	<input type="text"/>
Roommate (overnight only)	<input type="text"/>
Course # and Course Date	<input type="text"/>
Course Location	<input type="text"/>

How Did You Hear About Camp?

Internet     HS Coach     Club Coach

Past Camper     Other \_\_\_\_\_

<b>Amount Due</b>	\$ _____
<b>Less Second Camp</b>	\$ _____
<b>Total Due</b>	\$ _____
<b>Amount Enclosed (minimum \$50)</b>	\$ _____