

Bob Bertucci Volleyball Camps & Clinics

CAMP REGISTRATION FORM

Please print out this form and mail it to:

Bob Bertucci Volleyball Camps
9 Bedford Court
Gibbsboro, NJ 08026-1237



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 2010 (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 _____

Amount Due	\$ _____
Less Second Camp	\$ _____
Total Due	\$ _____
Amount Enclosed (minimum \$50)	\$ _____