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	
Address	
City, State, Zip Code	
Phone (include Area Code)	
Email Address	
Grade Entering Sept 2009 (students only)	
Date of Birth / Year of High School Graduation	
School (students only)	
Coach's Name	
Coach's Phone	
Coach's Email Address	
Roommate (overnight only)	
Course # and Course Date	
Course Location	

Check One (returning campers only)

Local Level: ___Red ___White ___Blue

Regional Level: ___Bronze ___Silver ___Gold
___ National ___International

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