

2017 Coastal Carolina Volleyball Academy Team Camp Registration Form

Please mail the completed form and payment to **Coastal Carolina Volleyball Camps, PO Box 261954, Conway, SC 29528**. Please make your check payable to **Coastal Carolina Volleyball Academy or CCVA**. (Email: ccvacamps@gmail.com, Fax number: 843-349-2973)

Team Information

High School or Club Name _____

High School or Club Address _____

City: _____ State: _____ Zip Code: _____

Coach and Staff Information

Head Coach's Name: _____

Head Coach's Email: _____

Head Coach's Cell Phone: _____

Assistant Coaches/Chaperones' Names: _____

_____ # of Varsity Teams _____ # of JV Teams _____

Camp Interested in Attending: _____ **Team Camp 1, 7/15-17/2017**; _____ **Team Camp 2, 7/18-20/2017**

Residential Team _____ (**Fee: \$270.00/Camper**) Commuter Team _____ (**Fee: \$230.00/Camper**)

Camp and Payment Information

Registration Deposit (N/A with Option #2): \$600.00/team (\$75.00/player for a team of 8) that will be deducted from the camp fee. The remaining balance is due **14 days** prior to the camp start date. If the remaining balance is not paid by the due date, another team from the waiting list will get the team's spot and the registration deposit will not be refunded.

Refund Policy: Cancellations due to injury, with medical documentation provided by a physician, will be refunded in full minus the online processing fee **up to 14 days prior to the first day of camp**.

Cancellations due to injury less than 14 days prior to the camp start date will be refunded all but the \$75.00 non-refundable deposit and the online processing fee.

Cancellations for any other reasons will be refunded all but the \$75.00 non-refundable deposit and the online processing fee.

I register my team for the 2017 Coastal Carolina Volleyball Academy Team Camp.

Enclosed Payment (Deposit or Full Payment): \$ _____ Enclosed Check Number: _____

Head Coach's Signature: _____ Date _____