

## 2016 Coastal Carolina Volleyball Academy Team Camp Registration Form

\*Please mail the completed form to **Coastal Carolina Volleyball Camps, PO Box 261954, Conway, SC 29528**. Please make your check payable to **Coastal Carolina Volleyball Academy or CCVA**.

**Option #2:** Please email the form to **ccvacamps@gmail.com**, or fax it to **843-349-2973** fax number.\*

### **Team Information** \*Please complete 1 separate form for each team\*

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: \_\_\_\_\_

Name(s) of Additional Coaches/Chaperones: \_\_\_\_\_

\_\_\_\_\_ Number of Players on the Team: \_\_\_\_\_

Camp Interested in Attending: \_\_\_\_\_ **Team Camp 1, 7/13-15/2016;** \_\_\_\_\_ **Team Camp 2, 7/16-18/2016**

Residential Team \_\_\_\_\_ (**Fee: \$260.00/Camper**) Commuter Team \_\_\_\_\_ (**Fee: \$220.00/Camper**)

### **Camp and Payment Information**

**Registration Deposit (N/A with Option #2): \$600.00/team** (\$75.00/player for a team of 8) that counts toward the camp fee. The remaining balance is due **30 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 2016 Coastal Carolina Volleyball Academy Team Camp.

Enclosed Payment (N/A with Option #2): \$ \_\_\_\_\_ Enclosed Check Number (or N/A): \_\_\_\_\_

Head Coach's Signature: \_\_\_\_\_ Date \_\_\_\_\_