

2018 Coastal Carolina Volleyball Academy Team Camp Registration Form

*Please make your check payable to **Coastal Carolina Volleyball Academy**.

*Please mail the completed form and payment to **Coastal Carolina Volleyball Academy, PO Box 261954, Conway, SC 29528. (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: _____

of Teams Registering: _____, # of Players on Varsity Team(s): _____, # of Players on JV Team(s): _____

Camp Interested in Attending: _____ Team Camp 1, 7/13-15/2018; _____ Team Camp 2, 7/16-18/2018

Residential Team _____ (Fee: \$295.00/Camper); or Commuter Team _____ (Fee: \$255.00/Camper)

Coach and Staff Information

Head Coach's Name: _____

Head Coach's Email: _____

Head Coach's Cell Phone Number: _____

Number of Assistant Coaches/Chaperones Attending, Names: _____

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, no exception.**

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. *Written refund request is needed via email, fax, or mail prior to the first day of camp. *

I register my team for the 2018 Coastal Carolina Volleyball Academy Team Camp.

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

Head Coach's Signature: _____ Date: _____