## 2020 Coastal Carolina VB 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,

P.O. Box 261954, Conway, SC 29528. (Email: ccvacamps@gmail.com, Fax number: 843-349-2973)

P.O. 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			

High School or Club Address		
City:	State:	_ Zip Code:
# of Teams Registering:, # of Players o	on Varsity Team(s):, # of	Players on JV Team(s):
Camp Interested in Attending: Team Camp 1	1, (7/14-16, 2020); Team (	Camp 2, (7/17-19, 2020)
Residential Team: (Fee: \$310.00/Car	mper); or Commuter Team: _	(Fee: \$260.00/Camper)
<b>Coach and Staff Information</b>		
Head Coach's Name:		
Head Coach's Email:		
Head Coach's Cell Phone Number:		
Number of Assistant Coaches/Chaperone	es Attending, Names:	
Camp and Payment Information	·	
Registration Deposit (N/A with Option #2): The remaining balance is due 14 days prio Refund Policy: Cancellations due to injury, refunded in full minus the online processing due to injury less than 14 days prior to the carefundable deposit and the online processing Cancellations for any other reasons will be refundine processing fee. Written refund request is	with medical documentation profee up to 14 days prior to the framp start date will be refunded as fee.	o, no exception.  rovided by a physician, will be irst day of camp. Cancellations all but the \$75.00 non-  refundable deposit and the
I register my team(s) for the 2020 Coasta	al Carolina Volleyball Acade	emy Team Camp.

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

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