

Cyclone Volleyball Camps

Registration Form

Camper Information								
Name:								
Address:	First Last							
Address.	Street Address				Apartment/Unit#			
	City		State				ZIP Code	
Home Phone:	()		Camper's Cell Phone: ()					
Email:								
	Email used to send Confirmation Letter							
Birthdate:	Grade (nextfall):							
T-Shirt Size:	Youth Medium □	Youth Large □		Adult Small □	Adult Medium	Adult Large □	Adult XL	
Roommate Preference:								
High School (Team Camp):								
Parent/Guardian Information								
Name:			- urone c					
Work Phone:	First Last () Emergency Contact Phone: ()							
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2017 Camps								
Junior Cyclone	Hitter Camp	All Skills Gold	Setter	Liber	o Cyclone Team Camp	Team Camp Cardinal	Team Camp Gold	
June 12-15	June 21	July 18-20 Commuter	July 11-1 Commute		tor	July 24-25	July 26-27	
\$100	\$100	\$225	\$165	\$150		\$65	\$65	
		Resident \$310	Resident \$210	Reside \$195				
TOTAL DUE:	Up to seven days before the camp you registered for begins, you may receive 90% refund (10% administrative charge) in the event of illness, injury, or family emergency.							
		the camp you regis	tered for begins, you m	nay receive 50% refund	(50% administrative charges) in the			
Method of Payment								
Credit Card	Credit	Card Type:		-				
_						Exp. Date		
			Exp. Date Date:					
		J						
Check	Check Make Checks Payable & Return to:		Cyclone Volleyball Camp low a State University Hilton Coliseum Ames, IA 50011-1140		Phone: (515) 294-9465 Fax: (515) 294-4882 E-mail: jklein@iastate.edu Or register online at www.cyclonevolleyballcamps.com			