



High School Team Challenge Camp Registration Form

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Coach Name: _____

Coach Email Address: _____

Coach Phone Number: _____

Please check the appropriate boxes:

☐ Junior Varsity Team

☐ Varsity Team

☐ Overnight - \$400 per team

☐ Commuting - \$300 per team

Team Roster: Please list each athlete's first and last Name in the spaces provided below.

(Please note: Each team can have a maximum of 10 players and 2 coaches. Each player/coach over the limit will require an additional \$25 per person).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

The deadline for registration is July 1st, 2014.

One check for the full amount is appreciated. Checks can be made out to Peru State Volleyball.

Please complete this form and return via mail with necessary payment to:

Peru State College Volleyball

P.O Box 10

Peru, NE 68421