



CARTHAGE COLLEGE BOY'S VOLLEYBALL CAMP

MAIL IN
REGISTRATION
FORM

Camper Name: _____

Parents Name: _____

Address ; _____

Parents Address: _____

City: _____ State: _____ Zip: _____

Parents Home Phone: _____

Phone Number: _____

Parents Cell Phone: _____

Camper e-mail : _____

Parents e-mail address: _____

Date of Birth : _____

In Case of Emergency Contact: _____

Fall 2010 Year in School: FR SO JR SR Col. FR

Emergency Phone : _____

High School Name: _____

- ***All campers are required to bring a high quality indoor volleyball. To purchase an official Molten Men's Volleyball please add \$40 to your total***

Resident Camper (\$340) Commuter Camper (\$305)

Position : OH RS MB S DS/Lib

Please Make Checks Payable to: **Carthage College Men's Volleyball**

T-Shirt Size S M L XL

Mail Form along with check to : **Carthage College Men's Volleyball**

Roommate Request: _____

**Att. L.J. Marx
2001 Alford Park Dr
Kenosha, Wi 53140**

Request to room near: _____