

**DRAKE UNIVERSITY
HIGH SCHOOL VOLLEYBALL TEAM CAMP
TEAM ROSTER & PAYMENT FORM**

JULY 22-23, 2006

(Send this form with all Player Registration Forms & Payment)

School Name: _____ Varsity / JV (circle)

Coach: _____ E-mail: _____

Home Address: _____ City/State/Zip: _____

Phone Numbers: (w) _____ (c) _____ (h) _____

REGISTRATION FEE: \$75.00 PER PLAYER; \$25.00 DEPOSIT DUE WITH FORMS BY JULY 14TH
ANY REMAINING BALANCE WILL BE COLLECTED AT CHECK-IN JULY 22ND
THERE WILL BE A \$25.00 SERVICE CHARGE ON ALL RETURNED CHECKS

PLAYER ROSTER (8-PLAYER-MINIMUM)

	LAST NAME	FIRST NAME	AMOUNT PAID (\$25 MINIMUM)
1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____
6	_____	_____	\$ _____
7	_____	_____	\$ _____
8	_____	_____	\$ _____
9	_____	_____	\$ _____
10	_____	_____	\$ _____
11	_____	_____	\$ _____
12	_____	_____	\$ _____
TOTAL \$			_____

MAKE CHECKS PAYABLE TO: **AFK ~ BULLDOG VOLLEYBALL CAMPS**

MAIL CHECK LIST ITEMS TOGETHER TO: **AMY FARBER KNOWLES ~ VOLLEYBALL TEAM CAMP
DRAKE UNIVERSITY ~ FIELDHOUSE
2507 UNIVERSITY AVE.
DES MOINES, IA 50311**



COACH'S CHECK LIST

- _____ ENTIRE TEAM'S INDIVIDUAL REGISTRATION FORMS
- _____ ALL REGISTRATION FORMS HAVE A PARENT'S SIGNATURE
- _____ ALL REGISTRATION FORMS HAVE ATTACHED COPY OF INSURANCE CARD
- _____ COMPLETED TEAM ROSTER & PAYMENT FORM (THIS SHEET)
- _____ AT LEAST \$25 DEPOSIT PER PLAYER (MAKE SURE CHECKS ARE MADE OUT PROPERLY)