

# ***Syracuse University Volleyball Commuter's Camp***

( August 3 – 5, 2008 )

## **Camp Director and instructor**

Jing Pu – Syracuse University Head Women's Volleyball Coach

## **Camp Features**

Develop individual skills and improve game experience

## **Age limit**

Boys and Girls under the age of 18

## **Where**

Syracuse University on campus indoor gym

## **Daily Schedule**

Morning session: 9:30 am - 12:00 noon, Lunch break: 12:00 noon – 1:00 pm, Afternoon session: 1:00 pm - 3:30 pm

## **Fee**

\$150 including sports drink and a camp T-shirt (Lunch is not included)

\$140 for early registration postmarked before May 15, 2008

A \$10 group discount given to each one in a group of 6 or more from the same school.

## **Registration**

Send in the Registration Form with a deposit of \$50

For group discount, registration forms ***must*** be received in one envelope with each individual's form and deposit

You will receive a confirmation card and a health form to sign and return

***For more information, please call (315) 443-1241, E-mail: [cmmunger@syr.edu](mailto:cmmunger@syr.edu) or [jpu@syr.edu](mailto:jpu@syr.edu)***

---

## **2008 SU Volleyball Commuter's Camp Registration Form**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Home address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home phone #: (        ) \_\_\_\_\_ My cell #: (        ) \_\_\_\_\_ Parent cell # (        ) \_\_\_\_\_

Father's work phone #: (        ) \_\_\_\_\_ Mother's work phone #: (        ) \_\_\_\_\_

Age: \_\_\_\_ Grade next year: \_\_\_\_ Gender: \_\_\_\_ School name: \_\_\_\_\_ Level you played: \_\_\_\_\_

(    ) A \$50 deposit is enclosed, (    ) \$150 paid in full, (    ) \$140 paid in full if sent before May 15, 2008.

***This volleyball camp is subject to licensing and inspection by the New York State Department of Health.  
A secondary insurance coverage is purchased by the camp for every participant.***

### **Please complete and sign the following part**

Our child named above is in good health and able to participate in organized indoor volleyball camp activities. We have adequate medical insurance coverage (Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_) and give our child permission to attend the 2008 Syracuse University Volleyball Camp and we agree to indemnify Syracuse University and the camp staff for any claim which may hereafter be presented by our child as a result of any injuries. In addition, our child promises to conform to all the safety rules and regulations of this Volleyball Camp.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please make checks payable to: **SU Volleyball Camp** and mail this form to:  
**SU Volleyball Camp**  
Manley Field House*