The camp is limited to 30 players each session, on a first come first serve basis. All participants must register by July 21, 2008. Coaches may observe for only $30. Payment in full is due at the time of registration. If there is space available, walk-ins on the 1st day of each clinic session pay $110.

All participants need to bring water and kneepads each day. Please make sure they have had a good breakfast/lunch prior to attending.

2008 CAMP STAFF

Camp Director, Christa White – VVC Women’s Volleyball Head Coach, 13th year. Coach White graduated from Texas Tech University and was a Division I Volleyball Scholarship Athlete with two All-Southwest Conference First Team Selection Honors. She has an overall combined coaching record of 303-123 with 3 High School League Championships and 5 College Conference Championships. She is a C-1 Rated Volleyball Official and is the director of the White Lightning Volleyball Club.

Assisting Coach White will be some of the local high school and middle school coaches. All of whom have over 50 years of experience between them.

Other helpers – Current and former VVC All-Conference players will be assisting Coach White along with some of the new members of the VVC RAM Volleyball program.

Clinic Schedule:

Friday: Check in basic skills review/lessons
Saturday: Group Picture and team concepts
Sunday: Review and group and team play

Registration Form

Fill out this registration form, detach and send it to:
Coach Christa White
VVC Women’s Volleyball
18422 Bear Valley Road
Victorville, CA 92395 –5849

Make Checks Payable to VVC Volleyball

Name: _________________________ Age: ______
Address: _____________________________
City: ___________________ State: ___ Zip: _______
Phone: (hm) _______________ (wk) _____________
Parent /Guardian’s Name: _____________________
Enclosed is a check for $__________

T-shirt Size: _____ (Adult Sizes Only)

Payment in full is due at time of registration. Refunds must be requested by July 21, 2008.

I hereby give my permission for the above named player to participate in the VVC RAM Volleyball Camp. To my knowledge, the above named player is free from any physical limitations and is in excellent health. I release Victor Valley College and it’s representatives from any liability should the above named player become injured or ill while participating in said camp. I have read and understand the terms of participation.

Signed: _________________________ Date: ______
Signature of Parent/ Guardian

Emergency # ______________________________
Contact Name: ___________________________

Received Date: __________________________
By __________ Check # _______ $ _________