



TEAM INFORMATION

PLEASE COMPLETE THE REGISTRATION FORM BELOW:

(if registering multiple teams, please designate each team with a letter, color, or number. Ex. UNI High School Black)

High School / Club Name _____

Coach / Contact Name *(for confirmation and all correspondence)* _____

Email *(All camp correspondence will be sent to this email)* _____

Address _____ City _____ ST _____ ZIP _____

Contact Phone: (_____) _____ Alternate Phone: (_____) _____

Coach Name *(if different above)* _____ Coach Phone *(if different above)* (_____) _____

2020 TEAM CAMP

TEAM CAMP

CHECK-OUT

FOR TEAM CAMP MARK BELOW

1. Complete the required fields below. If multiple teams attending, indicate each team name separately (ex. UNI High School Black)
2. Division: Indicate Highly Competitive or Developing Division
3. A minimum of 8 players per team is required
4. Each team must have an adult Coach, Assistant Coach, or Chaperone accompanying their team:

TEAM CAMP (JULY 11, Sat)

Team 1 Name: _____ = \$ 200

of players: _____ # of Coaches attending: _____

Name of adult coach/chaperone for this team: _____

- HIGHLY COMPETITIVE DIVISION
- DEVELOPING TEAM DIVISION

Team 2 Name: _____ = \$ 200

of players: _____ # of Coaches attending: _____

Name of adult coach/chaperone for this team: _____

- HIGHLY COMPETITIVE DIVISION
- DEVELOPING TEAM DIVISION

Team 3 Name: _____ = \$ 200

of players: _____ # of Coaches attending: _____

Name of adult coach/chaperone for this team: _____

- HIGHLY COMPETITIVE DIVISION
- DEVELOPING TEAM DIVISION

Team 4 Name: _____ = \$ 200

of players: _____ # of Coaches attending: _____

Name of adult coach/chaperone for this team: _____

- HIGHLY COMPETITIVE DIVISION
- DEVELOPING TEAM DIVISION

TOTAL DUE (checks payable to **Panther Volleyball Camps**).....

\$ _____

Return to: **Panther Volleyball Camps, PO Box 257, Dike, IA 50624**

TEAM CAMP CHECK-LIST:

TEAM REPS/COACHES MUST COMPLETE AND RETURN:

PANTHER VOLLEYBALL CAMPS,

- Completed Registration form above
- Full payment (check or money order) with your registration form (DO NOT SEND CASH)
- Completed and signed Refund Policy Form (below)
- Online Waiver and Medical Forms completed by all players and coaches** that will be attending camp (**online forms accepted only** – WE ARE NO LONG ACCEPTING HARD COPY RMI FORMS)

Once your team's registration has been received and processed, your school/club will appear on our camp website. ALL players and coaches participating will need to complete the Waiver and Medical forms ONLINE (NO HARD COPIES ARE ACCEPTED):

www.panthervolleyballcamps.com

REFUND AND CANCELLATION POLICY

All Team Reps or Coaches who are registering their team for Team Camp, must read, sign, and date (this completed form must be returned with your Registration Form above)

REFUND POLICY: Refunds will ONLY be given for medical and/or health reasons. Panther Volleyball Camps (address above) must receive a written notification from a physician, stating that the athlete is physically unable to participate in volleyball camp. A \$25 processing fee will be applied to all refunds (even for medical reasons).

CANCELLATION POLICY: A written (address above) or FAXED (319) 273-7055 Notification of cancellation must be received 7 days prior to the start date of Team Camp (July 4th by midnight).

A \$25 administrative processing fee will be deducted from all cancellation requests. The online fee is non-refundable for any reason.

Cancellation requests received after 7 days, or NO SHOWS will not be refunded.

I have read and agree to the Panther Volleyball Camps Refund and cancellation policy above

Signature of Registering Team Rep/Coach

Date

UNI Team Camp Registration Form