

Winter Springs High School

Girls and Boys Volleyball Camp Registration Form



Name: _____ Age: _____ Grade in fall: _____

Address: _____
_____ Parent Email: _____

T-shirt size (youth): _____

T-shirt size (adult): _____

Emergency Contact Name: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

<p><u>Location:</u> Winter Springs Highs School Gym</p> <p><u>Camp Date:</u> July 26-29</p> <p><u>Cost:</u> Half Day - \$180.00 Full Day- \$250.00</p> <p><u>Session Times:</u> 9:00 AM- 12:00 PM & 1:00 PM- 3:00 PM</p>	<p>Please pay here online or mail a check to:</p> <p>Winter Springs High School Attn: Jennifer Mallard 130 Tuskawilla Road Winter Springs, FL 32708</p> <p>Coach email: mallarjz@scps.k12.fl.us</p>
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