

MONTREAT COLLEGE CAVALIERS VOLLEYBALL CAMP

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Fall 2011 Grade: _____ Age: _____

School: _____ T-shirt size: (adult sizes) _____

I plan to attend: **(circle)**

Overnight MC VB Camp with my team

Overnight MC VB Camp as an Individual

Senior High Day Camp

Junior High Day Camp

Please return this form with waiver and deposit to

Christy Mooberry
Montreat College
Box 892, box 1267
Montreat, NC, 28757

Checks should be made out to Montreat Volleyball

Questions? Email cmooberry@montreat.edu

