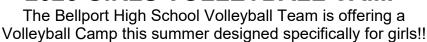


## 2025 GIRLS VOLLEYBALL CAMP





DIRECTORS: Samantha Colombo - Bellport Volleyball Coach

Ellen Hoffman - Bellport Volleyball Coach Jamie Trowbridge - Bellport Volleyball Coach

STAFF: High School Coaches and College volleyball players

DATES: Mon. June 30th through Thurs. July 3rd

Mon. July 7th through Thurs. July 10th

SITE: Bellport High School, Brookhaven NY

## **ENROLLMENT IS LIMITED TO 60 APPLICANTS PER SESSION**

9:00 a.m. - 12:00 p.m. (Session 1 - 4 days) 9:00 a.m. - 12:00 p.m. (Session 2 - 4 days)

**SESSION 1** Girls entering 4<sup>th</sup> through 8<sup>th</sup> grade as of 9/25 June 30th - July 3rd Girls entering 8<sup>th</sup> through 12<sup>th</sup> grade as of 9/25 July 7th – July 10th

**CAMP COST**: \$100 Pre-registration Program (Up to June 26<sup>th</sup>) Includes: T-Shirt \$120 (After June 26<sup>th</sup> up to start of camp) (if pre-registered)

## NO REFUNDS AFTER THE FIRST DAY OF CAMP

Questions regarding the program call: 631-965-1933 or ehoffman@southcountry.org or

631-576-6167 or SaColombo@southcountry.org

**CIRCLE SESSION:** 

Make checks payable to: Bellport High School (please include phone

number on check)

Send checks to: Ellen Hoffman

Name

8 Country Club Rd.

CASH IS PREFERRED Bellport, NY 11713

## **VOLLEYBALL CAMP 2025**

Address							
Town			Session 1- 6/30 - 7/3, 4 <sup>th</sup> - 8 <sup>th</sup>				
Phone #	Date of Birth	Age					
New Player	w PlayerReturning Player			Session 2- 7/7 – 7/10, 8 <sup>th</sup> – 12 <sup>th</sup>			
Grade Entering 9	/25						
PLEASE CIRCLE T-SHIRT SIZE: (ADULT SIZES ONLY)			SM.	MED.	LG.	XL.	
that he/she is in pe Furthermore, I/we, my/our approval to risks and hazards i do hereby waive, re associated organiz my/our son/daught	Registration and Institute the above named child, here of the above named child, here of the parent(s) of the above national less of the above national less of the above national to such participation and the amount covered the above named in the amount covered the above named children and in the amount covered the above named children and in the amount covered the above named children and in the amount covered the amount cover	reby give consent fo participate in said act amed candidate for a eague activities durit ion including transpo nd agree to hold har isors, supervisors, p iny claim arising out	r participation tivity. a position on a ng the current ortation to and mless the Sou articipants and of an injury to	in the ac league to session. from the th Count d persons my/our s	eam he I/We a activit ry Scho trans	ereby give essume all ies; and I/we ool District., porting	
Parent(s)/Guardian Signature			Date				
Parent email							