

REGISTRATION FORM

Registration Fee only \$50

3 family member discount, 3rd camper is free!

NAME: _____

SCHOOL: _____ GRADE: _____

EMAIL: _____

PHONE: _____ SHIRT SIZE: _____

MEDICAL RELEASE

I authorize

_____ to participate in the 2010 Bonneville Volleyball Skills Camp. I will not hold Bonneville High School or any camp staff liable for any injuries which may occur as a result of participation in this camp. I grant permission for Bonneville Volleyball Staff to seek medical treatment if necessary, or to otherwise act in their best judgment in the case of injury or suspected injury.

PARENT SIGNATURE

EMERGENCY CONTACT NUMBER

Please make checks payable to
BVC and mail registration form to :

BVC

389 Kings Mill Circle

Idaho Falls, ID 83401



CAMP STAFF

CHANTAL MCMURTREY-HEAD COACH

177-32 record in 5 years

2 STATE CHAMPIONSHIPS

2 STATE RUNNER-UPS

5 District Championships

DAVE ALBISTON AND DREW JOHNSON

ASSISTANT COACHES

4 STATE CHAMPIONSHIPS

10+ DISTRICT CHAMPIONSHIPS

30+ YEARS EXPERIENCE

TRAIN AND LEARN FROM FORMER
AND CURRENT BONNEVILLE PLAYERS

Coach's Phone: 208-317-7755

E-mail: cmcmurtrey@postregister.com

BONNEVILLE BEEES VOLLEYBALL SKILLS CAMP



JUNE 15-17

GRADES 2-3 1:30-3:30

GRADES 4-6 1:30-4:00

GRADES 7-12 5:00-8:00