CK1 VOLLEYBALL CAMP

WHERE:	Incoming 5 th - 8 th (CCDS GYM June 17 th - June 2	•	(Boys & Girls)
<u>C05T:</u>			Please make checks payable to: Chas Konopka
<u>Time:</u> Due date:	4:30pm – 6:30pm June 1 st		\$ <u>100</u> if paid after June 1st
* First 40 campers guaranteed a spot in Camp * Camp T-Shirt included **Late Sign Ups are welcome but T-Shirt size is <u>not</u> guaranteed			
		CCDS Main Office <i>Att: Chas Konopka – CK1 Volleyball Camp</i> 102 W. 11 th St	

_____CK1 VOLLEYBALL CAMP _____ Incoming Grade for 2019-20:_____ Name _____ City: _____ Zip Code: _____ Address Phone #: email: Youth : SM M LG Adult: SM M LG XL 2XL T- Shirt Size:

Chico, CA 95928

I authorize the camp director to provide medical attention for my son/daughter if injured during camp. We also have insurance covering our son/daughter in case of accident or injury.

Insurance Company

Parent/Guardian Signature

□ Can Register & Pay Electronically \rightarrow Call Chas Konopka @ 530-518-1830 or email at ckhoops4@gmail.com



Policy #

Date