



# Seacoast Volleyball Camps 2021

Name of Participant: \_\_\_\_\_

Grade Entering in Fall 2021: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Years of Experience (if any):

School Seasons: \_\_\_\_\_

Club Seasons: \_\_\_\_\_

Session:

Session I

Session II

Cost: \$225 per session

Please make checks payable to: **NH SEACOAST VOLLEYBALL**

Send to: NH Seacoast Volleyball  
ATTN: Kelly Harte  
129 Governors Road  
Rochester, NH 03867

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_