



AtlanticVolleyballCamp

ATLANTIC VOLLEYBALL CAMP
August 23-28 2009

REGISTRATION FORM
Fax: (902) 585-1061

Player's Name: _____

Address: _____

Phone: _____

Alternate Phone #: _____

Date of Birth: _____

Parents' Names: _____

Shirt Size: _____

Court: Indoor _____ Beach _____

Bus (\$60): Wolfville _____ Bedford _____ Truro _____

Camp Fee: \$475

Method of payment (please select one of the following):

Visa: _____ **Master Card** _____ **American Express** _____

Card Number: _____

Expiry Date: _____

Cheque/Money Order _____

Cheque/Money order should be made out to Atlantic Volleyball Camp