2010 SUMMER CAMPS

PLAY HARD SPORTS VOLLEYBALL CAMP RESERVATION FORM

CHOOSE YOUR WEEK TO HAVE THE CAMP AT YOUR SCHOOL

_____ _____ _____

Contact Person Phone (School Year) Phone (summer)

_____ _____

Camp Site E-mail Address

_____

Address (Circle Home or School) City State Zip

RETURN BY APRIL 30th TO RECEIVE YOUR REBATE.

Your school will receive a **$125** rebate check for having 12 or more campers in each session and a **$200** rebate check for having 24 or more campers in each session. The cost per athlete that attends the camp is **$8** per hour if registration form is received by **April 30th** . Check your top three weeks that your school would like to have *PLAY HARD SPORTS CAMP, INC.* come to your school. Mark the three choices 1, 2, 3 with 1 being your first choice, etc. We will try to give you your first choice. The sooner we receive this form the better opportunity for you to get your first choice. **Camp may start any day of the week. You may choose to have a 3 or 4 day camp. Minimum of 5 hours per day required. Hours can be split up by grades/groups (indicate times below).**

MARK THE WEEK YOU WANT TO RESERVE FOR CAMP

___ Week of June 2nd	___ Week of June 7th	___ Week of June 14th
___ Week of June 21st	___ Week of June 28th	___ Week of July 5th
___ Week of July 12th	___ Week of July 19th	___ Week of July 26th
___ Week of August 2nd	___ Week of August9th	

__ 3 Day Camp __4 Day Camp Day of Week to Start (M_F)_____

Grade(s)/Group	Start Time	End Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Make Rebate Check Payable to_____

You will receive a confirmation form after *PLAY HARD SPORTS* receives this form to confirm days, times, and grades. Return by email or mail.

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