

ST IGNACE AREA
2016 VOLLEYBALL CAMP

JULY 6TH – 9:00-11:30AM / 12:30-2:30PM / 3:00-5:00PM
JULY 7TH – 9:00-11:30AM / 12:30-3:00PM / PICNIC 3:30-5:00PM

NAME: _____ **AGE:** _____

PHONE: _____ **CELL:** _____

ADDRESS: _____ **ZIP:** _____

The St. Ignace Area School and the camp staff are not responsible for injuries or lost/stolen items that result from this camp. I hereby authorize the directors of the camp to act according to their judgment in an emergency requiring medical attention.

PRINT PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

COST: \$40.00

PLEASE BRING FORM WITH YOU AND MAKES CHECKS PAYABLE TO DEB BRANDSTROM

THANK YOU!