# Ferris State Volleyball Camps

## TEAM REGISTRATION

| School | Team Level F JV V |
|---|---|
| Camp Session and Date | *Resident* *Commuter* |

| Coach | Email: |
|---|---|
| Street Address | Phone:<br>Alt Phone:<br>Fax: |
| City, State Zip | |

PLAYER INFORMATION

| First | Last | Telephone | Street Address | City, State Zip | Grad Year | Camp Fee | Paid | Due | Med/Waiver Forms |
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Coach, please complete this form and return it to the camp office. If paying cash or check, this form can count as your players' registration form. An individual paying by credit card needs to complete the brochure form. Regardless of whether your players register individually using the brochure, we need you to complete this form. Thank you! Please include additional coaches on the player list with their camp fee as $90. The camp office is 210 Sports Drive, Big Rapids MI 49307 or fax to 231-591-2869 or email to BrandelT@Ferris.edu.