

Name:		Address:			Office Use	
City:	State:	Zip:	Sex:	Age:	Check #	
Phones: Cell () - -		email:		Next Yr in Sch:	Gross Amt. Due:	
Hm () - -						
Parents names:		Please enroll me in Camp #:		"T" Shirt Size:	Discounts: Group 6: - \$15.00 Group 12: - \$35.00 USAV: - \$10.00 Net Amount Due: Minimum Deposit: \$100.00 Amount Paid: Amount Due at check-in:	
Camp & Basic Rate - Choose one:						
#1 Specialist Camp - July 11-14: Hitter _____ Setter _____ Bk. Row _____		_____ \$300				
#2 High Performance Camp 14U & 15U - July 18-21:		_____ \$350				
#3 All Skills Camp - August 1-4:		_____ \$300				
Room & Board						
Resident (all meals & overnight accomodations):		_____ \$130				
Commuter (No meals or overnight):		_____ 0				
Discounts:						
Group size: 6-11		_____ -\$15.00				
Group size: 12 or more		_____ -\$35.00				
USAV Member #:		_____ -\$10.00				
Make Checks payable: USAV Camp		Toal Due:				

Mail to:
Patty McDole
Box 67
Iamoni, IA 50140