

RESERVATION FORM

Please complete this form and return to:

Coach Ron Roach
Number-One Volleyball Camp
312 Clark Drive SE
Rome, GA 30161
numberonevolleyballcamp.com

Coach's Name _____ School _____

Home phone _____ Cell _____ School _____

Home address _____
street city state zip

Best time to contact you at school _____

Check those that apply to you and your program: (All camps at Brenau University)

_____ July 13-15 2017 **Girls Volleyball Camp**

*(Not required but highly recommended – Coaches bring transportation – van, bus, etc.)

CHECK BELOW

_____ I plan to come with my team or will have an assistant take my place. (Head Coaches attending with teams receive free room and board.)

_____ Please send me _____ brochures. (Brochures may be printed via the internet)

_____ I cannot accompany my team nor can I send an assistant but would like to send my players. (We will assign coach to your team for games.)

_____ I plan to come with my team and would be interested in working on the staff if there were a position open.

If you would like to work while at camp, please indicate the number of years of experience, won-loss record or any other qualifications you feel are important. I will contact you as soon as possible if a position on our staff is available.

IMPORTANT COACHES NOTE: Coaches attending camp with their teams will receive some compensation for personal expense in transporting and supervising their team. Call for details. (Must have 10 players per team to qualify.)

