



ALL AMERICAN VOLLEYBALL CAMP



Glass City Athletics is proud to host the All-American Volleyball Camp at the Paragon. We want to offer a variety of programs that meet our families' needs. This camp is one week in duration, and will provide expert instruction in all of the skills necessary to improve your game. Players will be divided based on ability and experience, so everyone will be challenged at their correct level. The clinicians are Ms. Stephanie Champine, All-American and former State Champion, and Mr. Shaun Dryden, former International player and current Club Coach at Empowered in Indiana.

- PLAYERS:** Players entering grades 4 - 12 in the Fall of 2017
- DATES:** 6/26, 6/27, 6/28 and 6/29
- TIMES:** Times will be broken out by age group:
 - 9 -10:30 a.m.: Intermediate Level - Players entering grades 4,5 and 6 in Fall of 2017
 - 11 a.m. -12:30 p.m.: Junior High - Players entering grades 7 and 8 in Fall of 2017
 - 1 - 2:30 p.m.: High School - Players entering Grades 9-12 in Fall of 2017
- COST:** \$135.00 per player. All campers will receive a training shirt.

Did you know you can also schedule individual lessons? Individual lessons can also be scheduled during this week from 4 - 9 p.m. with these clinicians. The hourly rate for 2 or less players is \$55.00 per hour. Please contact Dana Hooper at 419-261-0067 or dahooper@roadrunner.com to schedule.

REGISTER: Register online at glasscityathletics.com or complete the sign-up form and mail it or drop it off at the Paragon. Don't wait to sign up as each training has limited spaces.

For more information contact Dana Hooper:
 ☎ 419-261-0067 ✉ dahooper@roadrunner.com 🌐 glasscityathletics.com 🏠 The Paragon, Suite 12
 1590 Albon Rd Holland, OH 43528

2017 SUMMER ALL AMERICAN VOLLEYBALL CAMP SIGN-UP FORM

Player's Name: _____ T-Shirt Size (please circle): YL AS AM AL AXL

Camp (please circle): Intermediate Junior High High School

Player's Name: _____ T-Shirt Size (please circle): YL AS AM AL AXL

Camp (please circle): Intermediate Junior High High School

Address: _____

City: _____ State: _____ ZIP: _____

Parent's Name: _____

Parent's Email: _____ Parent's Phone: _____

Amount Enclosed (please make checks payable to Glass City Athletics): _____

Please mail form and payment to:
Glass City Athletics 1590 Albon Road Suite 12, Holland, Ohio 43528