

Great
expectations
create great
results!



Volleyball...
Live It!
Love It!

Dixon High School
Lincoln Statue Drive
Dixon, IL 61021

Dixon Girl's Volleyball Camp

Dixon Girl's
Volleyball

Incoming
4th -12th grade

***Dixon Duchesses
Volleyball
Camp***



Dates:
July 21,22, 24,25

High School: 7-10 am
7-8 Grades: 10:30-12 am
4-6 Grades: 1:30-3 pm

About the Camp

CAMP DIRECTOR:

Dave Dornbusch: Head Volleyball Coach, Dixon High School

CAMP STAFF:

Kimberly Bork & Maria Peterson: Assistant Volleyball Coaches Dixon High School

Other members of the Dixon High School Volleyball Staff and Team

Who's Eligible:

All girls entering grades 4-12 in the fall of 2008

Camper should attend the session based on the grade level they will be entering in the fall of 2008.

T-shirts will be available for purchase at the camp for \$10.00.

Camp Dates:

M, T, Th, F, July 21, 22, 24, 25, 2008

Location: Dixon High School

Times:

High School: 7:00-10:00 a.m.

7th-8th grade: 10:30-12:00 a.m.

4th-6th grade: 1:30-3:00 p.m.

COST: Price includes regulation size volleyball to take home.

High School \$65.00

4-8 grade \$45.00

Camp Objective:

To give players the opportunity to become better Volleyball players. Players will work on developing the fundamental skills of volleyball. Players will have the opportunity to learn about specific positions on the court, as well as team offense and defense. We will encourage a proper competitive spirit and sportsmanship among players.

Contact Person:

7-12 grade Dave Dornbusch
(815) 284-0015

4-6 grade Kimberly Bork
(815) 677-0650

2008 Dixon Duchesses Volleyball Camp Application

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

E-mail Address: _____

Age: _____ Birthdate: _____

Height: _____

Grade: (2008-2009): _____

School: _____

T-shirts will be available for purchase at the camp for \$10.00.

T-Shirt Size (adult sizes): SM M LG XL

WAIVER

I hereby authorize the directors of the "Dixon Duchesses Volleyball Camp" to act for me according to their judgment in any emergency requiring medical attention. I hereby submit that my child has seen a physician in the last year and that she is physically fit to participate in the volleyball program. I hereby release Dixon Unit School District #170, including all camp directors, employees and their successors, assigns and legal representatives from all liability and all claims for personal injury, whether or not caused by negligence, while participating in this volleyball program.

Parent/Guardian Signature
(required)

Date: _____

ENROLLMENT:

Fill out and sign this application and waiver. Send a check payable to:

Dixon High School
Lincoln Statue Drive
Dixon, IL 61021
