



# Red Raider Volleyball Camp

High School 9-12

**Purpose of camp:** To improve skill and team work through competitive drills, breakdown of fundamentals, and team-building exercises.

**Dates and Times:** Monday, Tuesday, Wednesday - **July 8th, 9th and 10th** - 9am-2pm

**Location:** Lincoln High School Fieldhouse

**Instruction:** Elizabeth Thomas & Joshua Thomas

**Registration and Cost:**

**Individual Cost:** For all 3 days **\$120**

**Cost for Individual Days: \$45/day**

*\*\*\*The days build off of each other we highly stress the importance of doing all 3 days\*\*\**

Registration accepted until **July 1st**

Please make checks payable to **LHS Volleyball**.

**Questions:** Contact the Lincoln High School Volleyball Coaches

**Faith Buzelli.** 608-432-2910. [faith.buzelli@wrps.net](mailto:faith.buzelli@wrps.net)

## **Camp Check List:**

- ☐ Court Shoes and athletic clothing
- ☐ Knee Pads & elbow pads (if desired)
- ☐ A pack lunch (we will be breaking for lunch each day)
- ☐ Water (No tumblers or cups with straws allowed)

-----Raider Volleyball Camp Application Form-----

Circle Dates attending:                      July 8th                      July 9th                      July 10th

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone \_\_\_\_\_ School\_\_\_\_\_

Grade in School August 2024 \_\_\_\_\_

Hand Deliver Application to Coach Buzelli: Room 246 Lincoln High School

– or –

Mail Application to:                      Faith Buzelli, Volleyball Head Coach

1801 16th Street South

Wisconsin Rapids, WI 54494

I accept full responsibility for all medical expenses due to injury/illness incurred at the Raider Volleyball Camp. I hereby authorize the coach of said camp to act for me according to his or her best judgment in any emergency requiring medical attention.

X

Signature of parent or guardian

