2024
St. Mary's Springs Ledgers Girls Volleyball Camp

Camp Director: Kelsey Fenner, Head Coach
Coachkf72322@gmail.com   (920) 342-9518

DATES: Monday, July 15 - Wednesday, July 17

Grades 5-6	3:00 pm - 5:00 pm	Hutter Gym
Grades 7-8-9	6:00 pm - 8:00 pm	Hutter Gym

** Grades are for the fall of the 2024-25 school year**
- The camp will be held at St. Mary's Springs Academy: 255 County Road K, FDL, WI 54937

PHILOSOPHY: We have designed the volleyball camp to meet the needs of players of all skill levels. Coach Fenner and her staff will utilize years of coaching experience at the high school level to help each individual improve and to teach them how to continue to improve after camp has concluded. Athletes can expect instruction along with lots of repetition and feedback in a positive, uplifting learning environment. Camp will be planned to resemble our high school practices.

CAMP GOAL: Our goal is to provide quality instruction of the fundamentals of volleyball for grade school, middle school and high school players. The emphasis of our camp will be to help the players improve their skills for next year and future seasons by paying forward our love and appreciation for the game of volleyball.

CAMP FEATURES:

Camp T-shirts	Serving
Setting	Passing & ball handling
Hitting & Blocking	Contests & awards

REGISTRATION: Be sure to register early. Registration deadline is *FRIDAY, June 28, 2024.*

CAMP COST: $ 70.00 Grades 7-9 $50.00 Grades 5-6

-- Cut and send bottom portion --

NAME _____   GRADE '24-'25_____   HEIGHT _____

ADDRESS _____   CITY _____ZIP _____

HOME PHONE _____   WORK PHONE _____

CELL PHONE _____   SCHOOL LAST YEAR _____

EMAIL ADDRESS _____

T-SHIRT SIZE (circle one): **Youth Sizes:** M   L   **Adult Sizes:** S   M   L   XL   XXL

Checks may be made payable to: **SMSA Camps**   Send to: Kelly Mueller
                                                                              255 County Road K
                                                                              Fond du Lac, WI. 54937

PARENT'S STATEMENT: In case of an accident or emergency, I hereby authorize the camp directors to act according to their best judgement in a medical emergency. I accept full responsibility for liability and the cost of treatment.

PARENT SIGNATURE _____ **DATE** _____