

**Summer Volleyball Camp
At
Sts Joseph & John School
Registration**

Name: _____ Grade in 2024-25 _____

Address: _____

Email: _____ Yrs of Experience _____

Parent / Guardian Name: _____

Please sign me up for:

Monday, June 10 - Wednesday June 12

_____ 9-11 am 3-4 Graders

_____ 11:30-1:30 pm 5-6 Graders

_____ 2-4 pm 7-9 Graders

Please make checks payable to: Karol Coundourides

Send check for \$110, registration and medical release to:

Karol Coundourides
908 Edgar Lane
Brunswick, OH 44212.