This 2018 Team Camp sign up form can **only be completed by the head coach of the high school**. By filling out this form, head coaches can reserve their spot(s) in Team Camp. Be sure to read all refund/cancellation policies listed on the website carefully.

**Name of School:** Click here to enter text.

**School Address:** Click here to enter text.

**School Address Line 2:** Click here to enter text.

**School City:** Click here to enter text.

**School State:** Click here to enter text.

**School Zip Code:** Click here to enter text.

**Head Coach First Name:** Click here to enter text.

**Head Coach Last Name:** Click here to enter text.

**Head Coach Phone:** Click here to enter text.

**Head Coach Email**: Click here to enter text.

**Which Team Camp dates are you interested in signing up for?** Choose an item.

**Which Team Camp package are you interested in?** Choose an item.

**How many teams are you bringing?** Choose an item.

**How would you classify the team(s) you are bringing?** Choose an item.

**Is this camp pre-tryout or post-tryout for your high school team?** Choose an item.

**If pre-tryout, is this camp being used as part of tryout evaluation for your school?** Choose an item.

**Do you plan on bringing an assistant coach with you?** Choose an item.

**Approximately how many players do you expect to bring (if you are bringing two teams, please give a total number for both teams combined)?** Click here to enter text.

**Is there anything else you’d like us to know about your team’s participation?** Click here to enter text.

[ ] **By checking this box, I acknowledge that I have read the refund/cancellation policy listed on the website. I understand that I have an obligation to participate in this team camp and if any of the registration requirements are not met by the specified dates (at least 10 players per team registered by June 1), my spot(s) in team camp will be forfeited and be assigned to the next team(s) on the waitlist.**

**Head Coach Signature (type full name if filling out electronically:)** Click here to enter text.

Once complete, submit form to lfreeman@sports.uga.edu. You will be contacted by a Tom Black Volleyball Camps staff member following submission of this form. Please look over all the information you entered to ensure it is correct.