This 2019 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 multiple teams, please give a total number for all 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 8 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.