

**Holliday Volleyball Camp**  
**Monday, July 24 and Wednesday, July 26**  
**1<sup>st</sup>-5<sup>th</sup> Grade**  
**4:30pm-5:30pm**

Cost: \$30 per camper

Please make checks payable to Holliday Volleyball.

If possible, please return forms with payment to Coach Brom by Friday, May 26<sup>th</sup>

For questions please contact Coach Brom  
[Krystle.Brom@hollidayisd.net](mailto:Krystle.Brom@hollidayisd.net) or 972-762-8911

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Grade (in fall of 2017): \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent of Guardian Signature: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

<b>T-Shirt Size:</b>	<b>Youth Small</b>	<b>Youth Medium</b>	<b>Youth Large</b>	<b>Youth X-Large</b>
	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>X-Large</b>

\*By signing this camp form I give consent for my daughter to participate in the Holliday Volleyball Camp. I give consent to the coaches and directors to secure medical service or transportation as deemed necessary. I will not hold Holliday ISD employees or anyone associated with the camp responsible for accident, injuries, loss, or damages.