

Elite/ Prospect Overnight Camp

Hosted by UW-La Crosse Volleyball

Welcome to our competitive Elite/Prospect Overnight Camp. Our elite camps are high volume and fast paced. This resident/commuter camp is open to all players but designed for experienced athletes who want to train in a competitive, collegiate training environment. Athletes will be placed on teams based on their skill level. Intermediate and advanced technique and strategy will be emphasized through drills and competition.

All skills will be addressed and broken down technically and applied into competitions throughout the camp. Day one will offer two sessions of on court training. Day two will offer 3 on court sessions with a classroom session and team building. And the final day will be one extended session of competitive tournament play. This camp will also include an inside look into the Eagle Volleyball program with a question and answer session with the team and coaching staff. The Eagle Volleyball staff and players will be coaching and intermixed throughout the camp.

Overnight camps include dinner on the first day through breakfast on the last day. Commuters have dinner on the first day and lunch and dinner on the second day.

Dates: July 26- 28

Times: Check-In on Day 1: 1:30PM

Day 1 2:30 PM - 8:30 PM Day 2 9:30 AM - 8:30 PM Day 3 9:00 AM - 1:30 PM

Cost: Overnight: \$330 prior to July 1st

\$345 after July 1st

Commuter: \$275 prior to July 1st

\$290 after July 1st

*Walk-in registrations are WELCOME! Please note camp gifts are not guaranteed and discounts do not apply for walk-in registrations.

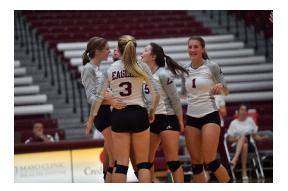
Grades: 9-12 & Incoming First Year

UWL Students

Location: Mitchell Hall Gyms

Coaches: Head Coach Amber Dunn

Assistant Coaches & Athletes







Elite/ Prospect Overnight Camp

Registration Form

July 26-28

Check-In on Day 1 at 1:30PM

Overnight: \$330 early bird registration

\$345 after July 1st

Commuter: \$275 early bird registration

\$290 after July 1st

Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Club Name:	Coach's Name:		Coach's Email:				
Primary Position:		Secondary Position:					
Preferred Roommate:			T Shirt:	s	M	L	XL
Earned Accolades:							·
Dietary Restrictions:							
Address:		City/ State/ Zip:					
Emergency Contact Name:		Emergend	y Phone: _				
Email (necessary for confirmation and cam	o communication):						
Special needs for participant(s):							
	Amount Enclo	osed: \$					
	Check enclosed, mad	e payable to: <i>UW-La Cross</i>	se				
	UW-La Crosse A 25A 172	urn form to: thletic Camps & Clinics Mitchell Hall 5 State St. sse, WI 54601					
WAIVER: Registration implies permotified in writing prior to camp. By officers, agents, and employees from incurred, or required arising out of surgical, diagnostic and hospital prince event of an emergency.	/ signing this form, I agr om any and all liability, lo the actions of my deper	ee to hold harmless and see, costs, costs, costs, damages, costs, dent in the course of the course o	nd indem or expen the camp	nify l ses w	JW-L hich uthori	a Cro are s ize th	osse, their sustained, nat any medical,
Parent/Guardian Signature:					Da	ıte:	