



**2015 Hawks Developmental Volleyball Camp**  
**\*For Girls Who Just Completed Grades 3 - 7\***

**Objective:** The main objective of this camp is to teach the fundamentals and movement used in volleyball. This will be a great way to get ready for the season that is right around the corner for 7<sup>th</sup> and 8<sup>th</sup> graders.

Campers will receive a t-shirt and another comemrative volleyball item

**Dates:** The camp will be held on **July 13<sup>th</sup> – July 16<sup>th</sup>**  
**The camp will be held at Prairie High School**

**Completed grades 3 – 5:**

**Cost:** \$50/Camper (There will be no refunds)  
**Times:** 8:00 – 9:30 am

**Completed grades 6-7:**

**Cost:** \$65/Camper (There will be no refunds)  
**Times:** 9:30 am - Noon

**Please check this box if it is okay to use your daughter’s picture for future publications or website.**

**Equipment:** Campers should be in t-shirts and shorts and have tennis shoes. Kneepads are recommended.  
**The Tachikara Volley-Lite Ball will be used (a lighter ball so the impact on the arms is less).**

**Staff:** Lynnette Stecklein, Cedar Rapids Prairie Volleyball Coach,  
Prairie Assistant Coaches, and current High School players

**Questions:** Contact Lynnette Stecklein via phone (319) 848-5340 ext 2066 or email *lstecklein@prairiepride.org*

**Please return by June 26<sup>th</sup> to guarantee a t-shirt.**

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**Hawks Developmental Volleyball Camp**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade **'14 - '15** School Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ T-shirt Size: Youth: S M L Adult: S M L XL

Emergency Phone/Contact \_\_\_\_\_

Other Information:

Parents Statement: I hereby authorize the director and or staff of the Hawks Developmental Volleyball Camp to act accordingly to their best judgment in any emergency requiring medical attention. I feel there is no reason, physically, why my daughter should not participate in the activities of the camp. I have notified the camp staff of any restrictions or concerns that my daughter has in regards to her physical health.

Parent/Guardian’s Signature \_\_\_\_\_

Make checks payable to: **Prairie Volleyball Camp**  
Please return to: Lynnette Stecklein  
PO Box 421  
Walford, IA 52351