

*2018 Montana Jrs.  
Elementary Volleyball Camp  
July 6-10 or August 6-10*

*Director*

*Wade Wells has coached throughout Montana at all levels. He is presently the director of the Montana Jrs. Volleyball Club and coaches the Homeschool Knights.*

*Overview*

*The general concept of our Elementary Camp is to train players in all skills of the game.*

*Features*

- ^ We'll allow in a maximum of 36 players so there are only 12 per court.*
- ^ Lighter volleyballs will be used.*
- ^ Camp t-shirt from Mojo Graphics*

*To Bring*

- > Water Bottle*
- > Kneepads (optional)*

*Eligibility*

*Girls entering the 4th-6th grade*

*Session Fee*

*\$125*

*Schedule*

*8:00-10:30 Shrine Auditorium  
1125 Broadwater*

*Site*

*Enrollment*

*Because of the limited number being accepted you must contact me by email or cell in order to hold a spot in the camp. Once you are admitted complete the registration and send in with the fee. Make checks payable to Wade Wells.*

*Contact Info*

*Wade Wells  
3700 1/2 Old Hardin Rd.  
Blgs, MT 59101  
wellsww@icloud.com  
696.4139*

*Print Clearly*

Name \_\_\_\_\_  
City \_\_\_\_\_  
School \_\_\_\_\_ Grade (Fall 2018) \_\_\_\_\_  
Parents \_\_\_\_\_  
#Parent Cell \_\_\_\_\_  
#Parent Email \_\_\_\_\_  
#If not on my mailing list

*Elem. Camp ~ Select Session*

*Wk 1: July 6-10 \_\_\_\_\_*  
*Wk 2: Aug 6-10 \_\_\_\_\_*

*T-Shirt*

*Adult Size \_\_\_\_\_ Youth Size \_\_\_\_\_*

*Please Read and Sign*

*I authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I release the staff of the camp of any liability.. I know of no mental or physical problems that might affect my child's ability to safely participate. I will be responsible for any medical or other charges in connection with her attending the camp. I have read, understand and agree with these conditions.*

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