

*2018 Montana Jrs.  
MS Positional Volleyball Camp  
July 23-27*

*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 Middle School Positional camp is to train players in the skill set needed for that particular role.*

*Features*

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

*To Bring*

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

*Eligibility*

*Girls entering the 7th & 8th grade*

*Session Fee*

*\$125*

*Schedule*

*Setters: 8:00-10:30    Shrine Auditorium  
Hitters: 11:00-1:30    1125 Broadwater  
Defense: 2:00-4:30*

*Location*

*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*

*Print Clearly*

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

*MS Pos. Camp ~ Select Session(s)*

*Setter \_\_\_\_ Hitter \_\_\_\_ Defense \_\_\_\_*

*\*Deduct \$10 if attending 2 or more sessions*

*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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