



WARWICK VOLLEYBALL CAMP

Registration Form I

Location

A: Warwick Valley High School,
89 Sanfordville R.D. , Warwick NY
P: 845-467-2700 E: ocladyelite@gmail.com



PERSONAL INFORMATION

Childs Name

Date of Birth : Grade:

Parent Name:

Address :

Email :

Parent Signature

Make checks payable to Purple Champions Club and mail to:
C/O Shawn Thomas
P.O. Box 753
Chester, NY 10918

THANK YOU FOR REGISTRATION

More Information :

Contact Shawn Thomas at 845-467-2700

ocladyelite@gmail.com