

## David Rubio Volleyball Camp - Coaching Clinic Registration Form

Please read, fill out and send in to complete the registration process.

You can fax it to: 520-626-7018 or you can send it in to the camp address.

Who: High school and junior high coaches accepted

Summary: Attending coaches will meet with Coach Rubio for a minimum of four hours to go over the specific needs of coaches in attendance. The focus for 2012 will be to increase each attending coach's knowledge of advanced technical and systemic training techniques.

Date: July 13-15. Clinic will begin Friday at 3:00 in McKale auditorium.

Check - in: Friday 1:00 - 1:45 with or without team at McKale Center.

Fee: \$50 for all coaches with team attending camp; \$100 for coaches without team.

Full payment is due when making reservation and full payment is non-refundable.

Late fee of \$10 will be applied to all registrants after July 6, 2012. Payment: Make all checks payable to David Rubio Volleyball Camp Address: Send payments to: David Rubio Volleyball Camp, 1 National Championship Dr., McKale Center Room 211, Tucson, AZ 85721

Parking: Coaches are responsible for obtaining their own parking permits. For permits, call (520) 621-3710. Be sure to give campus parking the specific camp dates you are attending. Hourly/Daily parking is also available in the Cherry Garage adjacent to McKale Center. You do NOT need parking permits for weekends or weekdays after 5pm.

Meals: There are no meals provided.

Housing: There is no housing provided.

Contact: Call (520) 818-8668 or

e-mail davidrubiovolleyballcamp@gmail.com

### Coaches Clinic Registration Form

Print, fill out and send in with your payment to register.

Name \_\_\_\_\_

All Attending Coaches Names

\_\_\_\_\_ t-shirt size \_\_\_\_\_

\_\_\_\_\_ t-shirt size \_\_\_\_\_

\_\_\_\_\_ t-shirt size \_\_\_\_\_

\_\_\_\_\_ t-shirt size \_\_\_\_\_

Attending with Team (y/n) \_\_\_\_\_ School \_\_\_\_\_

Club \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Cell# \_\_\_\_\_

Alternate# \_\_\_\_\_ Email \_\_\_\_\_

Information you would like to see covered in the clinic:

1. \_\_\_\_\_

2. \_\_\_\_\_

Comments: