



Indiana Wesleyan Volleyball will bring a volleyball clinic to your junior high or high school to work on individual or team skills. IWU Volleyball takes pride in bringing collegiate players and coaches to your school for a summer camp, which will get your upcoming season off to a great start.

CLINIC FORMAT:

The clinic will run for 3 days. We will supply the staff, t-shirts, prizes and awards - you supply the facilities, volleyballs and a minimum of 10 players.

DAILY SCHEDULE:

We will have two, three hour sessions per day. We recommend a format of 9:00 – 12:00 pm (morning) and 1:00 – 4:00 (afternoon). However, these times are flexible, depending on gym availability and the schedule of coaches and players.

CLINIC CONTENT:

The clinic will focus upon individual or team fundamentals and techniques of volleyball. Points of emphasis will be footwork, proper mechanics and lots of repetition. The clinic schedule will allow the host coach, the ability to have input on areas that need additional work.

We guarantee to staff your camp with highly successful players and coaches who will be available to meet the specific needs of your team, with the host coach helping to design the daily sessions.

COST:

\$100.00 per player (this will include a camp shirt for campers and coaching staff, prizes and awards)

This is the suggested camp however if this does not work, we would be happy to make any special arrangements for a camp that would work better in your schedule. That may be a camp for a couple of evenings during the spring semester or a mini-camp over the weekend. Whatever your camp preference we will be more than willing to work out the details to suit your situation. If you have any questions or concerns we can be reached at 765-677-2518. Please keep in mind that summers fill up fast, so we will be on a first come first serve basis. Once we have confirmed the dates you will receive registration confirmation and additional paperwork.

PRE-REGISTRATION:

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Coach's Name: _____ Coach's Phone: _____

Coach's E-mail: _____

Approximate number of campers: _____ Number of Courts available: _____

Dates of Camp:

1st Choice: _____ 2nd Choice: _____

**Please send registration to:
Indiana Wesleyan University
Attn: Volleyball Summer Camps
4201 South Washington St.
Marion, IN 46953**

**larry.hinshaw@indwes.edu
Phone: 765-677-2518
Fax: 765-677-2328**