

NO LIMITS VOLLEYBALL CAMPS

www.nolimitsvb.com

July 13-16 2009 St. Norbert Gym

Girls and Boys

Grades 3rd thru 8th

Come to a camp that puts the FUN back in
FUNdamentals

1 excellent coach for every 5 campers!!

We are very proud of the outstanding camp staff that will be teaching your children.

Camp Administrator: Genie Swanston

Former Nerinx Hall, USAV coach and
10 & Under program director

Camp Directors: Matt Keutzer
John Yehling
Jackie Butler
Jeff Cheak
Bob Crank

Former CBC Varsity and USAV coach
Mo Baptist University and USAV coach
Former Kirkwood HS and USAV coach
CBC Varsity coach
Maryville University Women's coach

Camp Counselors: College and former high school players who
have instructed for us every summer.

***** No Limits VB offers Intermediate/Advanced Camps for 2nd session, and both sessions at
CBC High School. These sessions will still cover the fundamentals, but also instruct more
advanced skills for players with solid fundamentals *****

No Limits Volleyball camp is a Limited Liability Corporation, in business since 1989.

No Limits Camps always fill fast.....don't delay, first come, first served

**Day Sessions are from : 9:00-11:00 am (grades 3rd, 4th and 5th)
11:15-1:15 pm (grades 5th, 6th, 7th and 8th)**

Our biggest group of campers is 5th graders. We have made room in both sessions based on experience, previous instructions, sibling placement, etc.

Any questions please e-mail sixswans@sbcglobal.net or call 314 849-6491 or www.nolimitsvb.com

Complete form and send the \$75 fee (\$35 non-refundable, no refunds 1 week prior to camp) to
No Limits Volleyball camps at 10348 Grants Forest, St Louis, Mo. 63123.

Your cancelled check is your confirmation.

Detach and mail in portion below

Please send an email as well to Cindy Ladi at cindy-steveladi@sbcglobal.net

With your name and grade.

In the subject area please indicate No Limits Volleyball Camp

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Name _____ Phone _____ Grade next Fall _____

Address _____ City _____ Zip _____

School (where you play) _____ No of yrs playing _____

Emergency numbers _____ E-mail address _____

T-shirt size (adult sizes) S M L XL Boy or Girl

I hereby authorize the directors of the No Limits Volleyball Camps to act for me using their best judgment in any situation requiring medical attention. I know of no mental or physical conditions which might affect my child's ability to safely participate in the camp. I agree to assume any expenses, medical or otherwise, associated with attendance at the camp. I also agree to comply with the rules and regulations of the camp.

Parent's Signature _____ Ins Co. & Policy Number _____