



# Impact Volleyball Camp

## IVC Cares Sponsorship Nomination

NOMINEE'S NAME	
SCHOOL ATTENDING:	
GRADE ENTERING:	
GRADE AVERAGE:	

Nominated by:	
Email address:	
Phone (optional):	
Relation to nominee:	
Length of relationship:	

**Why do you think this nominee should be awarded an IVC Cares sponsorship?**

**How has this nominee demonstrated positive contributions to their community – in school or outside of school.**

### OFFICE USE ONLY

Date received:

Contacted camper/parent:

Contacted teacher: