



Impact Volleyball Camp

IVC Cares Sponsorship Application

ATHLETE'S NAME:

PARENT/GUARDIAN'S NAME:

PARENT/GUARDIAN'S EMAIL:

PARENT/GUARDIAN'S PHONE:

SCHOOL ATTENDING:

GRADE ENTERING:

CONTACT TEACHER/COACH AT SCHOOL:

CONTACT EMAIL/PHONE FOR ABOVE:

Have you received an Impact Volleyball Camp sponsorship before?

YES

NO

Have you attended an Impact Volleyball Camp before?

YES

NO

Why do you want to train at IVC?

What are your goals as a volleyball player?

Why should you receive an IVC sponsorship award?

Use additional pages to complete your responses if needed.

OFFICE USE ONLY

Date received:

Contacted camper/parent:

Contacted teacher: