

Camp Staff:

Camp Director: Harold Davis

11 District Championships

9 Bi- District Championships

8 Area Championships

5 Regional Quarterfinal Champs

4 Regional Semi Final Champs

4 Regional Finalist

1 State Runner up

**Camp Coaches: Sunshine Davis,
Rich Fetty, Kylee Davis, and ex
players.**



Make checks payable to:

Farmersville Volleyball

Mail forms to:

Farmersville HS-

Girls Volleyball

499 HWY 78 N.

Farmersville, TX 75422

** Each camper will receive a camp shirt.

** To ensure your child receives a camp shirt, please mail application with payment by May 24th.

** Walk up registration will begin one hour before camp. Any extra shirts that were ordered will be on a first come first served basis.

Farmersville Volleyball Camp 2019



Dates: June 4th-6th

Incoming 4th -6th

Location: Junior High

Times: 9:00am- 11:30am

**If numbers permit, we will also
use the intermediate gym.**

Dates: June 4th-6th

Incoming 7th - 9th

Location: High School

Times: 9:00am- 12:00

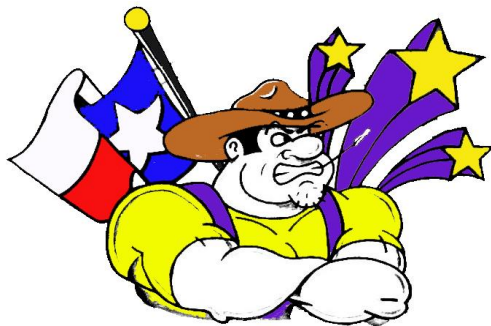
**If numbers permit, we will also
use the intermediate gym.**

What you will learn...

Beginners will learn the basic skills of volleyball:

- *passing
- *serving
- *blocking
- *hitting
- *setting
- *footwork

Advanced players will focus on improving these basic skills as well as running an offense and defense.



Farmersville Volleyball Camp

We are committed to teaching players sound fundamental skills and a love of the game.

All players will have time in a competitive situation playing 3 on 3, 6 on 6, Queen of the Court, Back row vs. Back row, and various drills.



Important Information:

What to bring:

- Great Attitude
- Clean gym shoes
- Knee pads
- Work out clothes
- Lots of ENERGY

**FILL OUT,
DETATCH and mail
this form.**

MAKE CHECKS PAYABLE TO: Farmersville Volleyball Volleyball Camp in memo

Fill out and mail along with \$50 for first child
\$30 per child after that

Farmersville Employees \$35 per child

Farmersville High School
Attn.: Volleyball Camp
499 Hwy 78 N.
Farmersville, TX 75442

Name: _____

Home Phone _____

Address _____ City/Zip _____

Grade you will be entering (2019-2020) _____

T-Shirt Size (Youth S M L) _____
(Adult S M L) _____

Emergency Contact: _____

Emergency Phone _____

I, as a parent of the above named athlete, hereby grant permission for her to participate in this camp and acknowledge that she is physically able to participate. I understand that insurance is not provided and parents must make individual arrangements for insurance coverage. I also release Farmersville ISD, Harold Davis, and his staff of all liability for any illness or injury sustained during the camp. I give the camp director authority to seek medical attention in my absence.

Parents Signature: _____