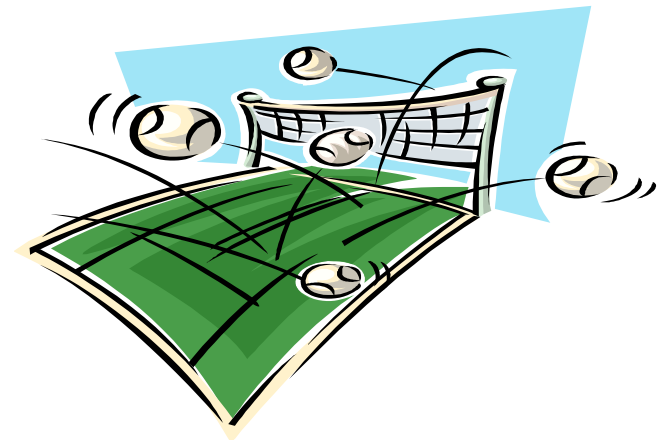


**Camp
Director
Rosie Honl**

Rosie Honl is a 4 time Coach of The Year and has developed programs at Lincoln High School and CCHS. Both made an appearance at state within three years of her taking over the program. This year she led her team to their 3rd State Championship. Rosie has started two very successful volleyball clubs.. This year her Rimrock club has 130 players and three teams in the power league. The 18's black are in gold in the CEVA power league. Rosie has put on volleyball camps for 18 years and attended many team camps throughout the years. This is the 8h year for the team camp.

**Central Oregon
RimrockVBC
Team Camp
July 24-27**

Mail Registration to:
Rimrock VBC
2582 SE Hill St.
Prineville, OR
97754



**At
Crook County
High School
Prineville, Oregon**

Camp Information

Information: Rosie Honl

541-416-1048 evening

541-416-6900 day

Fee: \$185/player

Deposit: \$85/registration

Check to Rimrock VBC

Due May 22nd

Team roster:

8 player minimum

12 player maximum

Check in: July 24 at 8 a.m.

Camp starts: July 24th at 8:30 a.m.

Camp ends: July 27th at 4 p.m.

Sessions:

8:30 - noon

1:00-4:30 p.m.

5:30—7:30 p.m.

Age: High school Students

Housing: Special Rates available at the Best Western and Stafford Inn Or Camp at Prineville reservoir

Camp Goals

1. Unite each team together as a family to foster a bond that will be a building block for the season.
2. Improve each player's skills and competitiveness on the court. We promise lots of skill development and team play.
3. Develop the team's mental, physical and social skills on the court.
4. Give each team a giant step toward having the most successful season yet.
5. Have athletes leave camp feeling they have just spent the best week of their volleyball careers at our camp.

Camp Staff

Our staff has been carefully selected because of their knowledge and love for the game. Their positive outlook on life has made each one of them a successful person. They are committed to working hard to bring each team to a higher level of competitiveness on the court as well as bringing them mentally together as a TEAM!

Registration

High School_____

Players Name_____

Phone_____

Address:_____

Coaches Name_____

Grade in Fall_____

T-shirt Size: S _ M _ L _ XL _

Amount Enclosed: \$85 Or \$185

Medical Release Form

Name:_____

Medical Ins. Carrier:_____

Policy #:_____

I _____ hereby

authorize my child's participation in the Central Oregon VB Team Camp. I know of no mental or physical problems which may affect my child to safely participate and the camp staff is authorized to attend any health problem or injury my child may incur while attending camp. I understand that my child must have current and active medical insurance before they can attend camp. Neither I or my child will hold Rimrock VBC, CCHS or CCSD, or the staff at the camp liable for injuries while m child is at camp.

Signature of Parent or Guardian & date