

CENTRAL WASHINGTON UNIVERSITY

2006 WILDCAT HIGH SCHOOL VOLLEYBALL TOURNAMENT CAMP

June 17-18 • June 19-20



CENTRAL WASHINGTON UNIVERSITY

Athletics

400 East University Way
Ellensburg WA 98926-7570

TOURNAMENT INFORMATION

- Three Divisions – Power (high level varsity) / Intermediate (lower level varsity, high JV) / Challenge (JV, “C” team)
- Pool play followed by elimination tournament for all teams.
- Up officials provided—each team provides individuals for down officials/score flipper/ linesmen.
- Individual awards for members of championship team in each division (maximum 10 players/ coach)
- University lodging and/or meals are available:
 - Lodging/meals (lunch, dinner, breakfast) call (509) 963-1143
 - Preferred motel housing also available

ENTRY FEE

\$250. **Non-refundable, \$100 deposit due by May 26;** balance and t-shirt money due by June 2, 2006.

Entries will be accepted on a first come, first serve basis.

Play starts at 9 a.m. on first day (Saturday and Monday) and at 8 a.m. the second day (Sunday and Tuesday)

FOR MORE INFORMATION CONTACT:

Mario Andaya, Volleyball Coach
Central Washington University
Ellensburg, WA 98926-7570
Office: (509) 963-1983
E-mail: andayam@cwu.edu





2006 CENTRAL WASHINGTON UNIVERSITY

WILDCAT HIGH SCHOOL VOLLEYBALL TOURNAMENT CAMP APPLICATION FORM

CAMP DATES:

JUNE 17 - 18, 2006 (18343)

JUNE 19 - 20, 2006 (18344)

REGISTRATION DEADLINE: One week Prior to Camp

School Name _____
 (Please type or print)

Coach's Name _____

Coach's Mailing Address _____

City _____ State _____ Zip _____

Office Phone Number (_____) _____
 (Please include area code)

Home Phone Number (_____) _____
 (Please include area code)

E-mail _____

TOURNAMENT:

- Saturday, June 17 - Sunday, June 18 (up to 35-40 teams)
- Monday, June 19 - Tuesday, June 20 (up to 15-20 teams)

DIVISION (see tournament information for description):

- Power (Upper) Intermediate Challenge (Lower)

TENTATIVE ROSTER:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Deposit \$ _____

Coach's Signature _____

Date _____

Each participant will be required to bring a **CWU CAMPER HEALTH/EMERGENCY INFORMATION FORM** to the tournament. Forms will be mailed to the coach after registrations are received. All Central Washington University (CWU) campers are required to provide a **non-returnable** physical fitness statement from their physician, medical release and proof of their own medical insurance prior to their participation in the CWU Camp.

CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT THESE FORMS.

The CWU athletic training staff will be on duty during the camp sessions and on call throughout the day.

Official Tournament T-shirts can be pre-ordered for a reduced rate at \$12 each. Please mark the number and sizes you will need and send the total amount in with your balance. Tournament shirts will be sold at the tournament for \$17 each.

Sizes	No. of shirts	Total amount due (\$12 each)
S		
M		
L		
XL		

Make entry/t-shirt fee checks payable to *Central Washington University Athletics*. Please do not send housing fee to this address. Return form and deposit to: Mario Andaya, Tournament Director, 400 E. University Way, Ellensburg WA 98926-7570.**

For information about University Lodging and Meals and Hotels, call the CWU Conference Center at (509) 963-1143.

**Please do not send housing/meal fee to this address.

2006 Wildcat Volleyball Tournament Accommodations

(#18343) June 17-18 and (#18344) June 19-20, 2006

Reservation Deadline: June 2, 2006

Accommodation will be available at CWU campus to participants. You will be housed in CWU residence halls and eat on campus with participants of other summer camps or programs. Linens are provided, but you must bring your own towels, washcloths, soap, and telephone. Sleeping rooms will be double occupancy. Futons may be used to extend space. Shared bathrooms are located on each floor. **Reservations must be made as a team. The team coaches are required to stay in CWU housing with their players. Team coaches are responsible for the supervision of their players at the residence halls as well as during the tournament.** The Conference Program requires one coach for every 8-10 students. Team coaches will be held accountable for any damages/or excessive clean up that incurs during your stay. Lost key is \$75 charge for replacement. We recommend team coaches to collect all keys and return them to the Registration Room.

June 17-18 Package is \$38.00 per person including dinner & lodging June 17 and breakfast & lunch on June 18. **June 19-20 Package** is \$32.00 per person including dinner and lodging June 19 and breakfast June 20. A \$25.00 per TEAM late fee will be incurred if reservation received after June 2, 2006. The Conference Program must receive cancellation notice by 5pm, June 14. A cancellation fee of \$5 per person will be charged. No refunds will be granted after 5pm, June 14, 2006.

Check in will be held in Courson Conference Center ground floor Registration Room 1-5pm on June 17 or 19. Check out time is at noon next day. **Lodging is not available on June 16 and 18.**

Please fill out the reservation form bellow and return with pre-payment to: CWU Conference Program, 400 E. University Way, Ellensburg, WA 98926-7592. Phone 800-752-4379, or fax to (509) 963-1285 with credit card payment will be accepted.

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CWU 2006 Wildcat Volleyball Tournaments

June 17-18 #18343 and June 19-20 #18344

400 E. University Way, Ellensburg, WA 98926-7592

TEAMNAME _____

ADULT RESPONSIBLE WHILE ON CAMPUS _____ EMAIL _____

ADDRESS _____ DAYPHONE _____

STATE/CITY/ZIP _____

Please list team members, as they would like to be housed (roommates): Please type or print! Please specify single room.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Chaperone 1 _____ Chaperone 2 _____

Any Special Needs (Lodging/Dietary) _____

June 17-18 package \$38.00 pp x _____ # of participants, add single room \$15 per person x _____ \$ _____

June 19-20 package \$32.00 pp x _____ # of participants, add single room \$15 per person x _____ \$ _____

\$25.00 Late Fee per TEAM if registrations postmarked after 6/2/2006 \$ _____

TOTAL PAYMENT ENCLOSED: \$ _____

I, the undersigned, individually and **as the team coach** to the above named individuals will be responsible for the supervision at all times while the player are at CWU Campus. I do hereby agree to release, discharge and hold harmless the State of Washington, CWU, its officers, agents, trustees, employees from any and all liabilities, claims, costs, expenses, injuries and/or loses, that I and my players may sustain as a result of the attendance at the tournaments.

Signed _____ Date _____

Will pay with Credit Card # _____ Exp/Date _____

Visa/MasterCard

Card Holder's Signature _____