

The College Prep Volleyball Camp's goal is first and foremost to give each individual the necessary tools to become a complete volleyball player. It is our intention to provide not only quality instruction and hard work, but also an enjoyable volleyball experience. Combining hard work and fun is what volleyball is all about!

Camp Director

Craig Kolek – Rivier Men's and Women's Volleyball Coach

2006 AVCA National Coach of the Year

4 Time NECVA Coach of the Year ('04, '05, '06, '09,)

5 Time GNAC Coach of the Year ('03, '09, '10, '12, '13, '15)

2 Time New England Coach of the Year ('05, '06)

2007 New Hampshire Coach of the Year

2006 NECVA Champion - Men

6 Time NECVA New England Champion ('01-'06)

6 Time GNAC Champion – Women ('03, '07, '08, '11, '13, '14)

7 Time GNAC Champion – Men ('08, '09, '10, '11, '12, '13, '14)

2011 NECVA Hall of Fame Inductee

Camp Staff

Rivier University Women's & Men's Team and Alumni

Camp Features

- * individual instruction * team play * free camp t-shirt
- * question and answer sessions on college opportunities

Applications are accepted on a first – come basis

All camps will close with 50 participants and are separate sessions

* \$145.00 per camper per session

* Full tuition must accompany application

* No refunds for anyone dismissed from camp

ALL SESSIONS WILL FILL UP RAPIDLY SO APPLY IMMEDIATELY

Camp # 1 July 18 – July 21 6:30 p.m. - 9:30 p.m.

Camp # 2 July 25 – July 28 6:30 p.m. - 9:30 p.m.

Camp # 3 August 1 – August 4 6:30 p.m. - 9:30 p.m.

* 6:00 p.m. check in on each Monday *

For any questions contact Craig Kolek 603-897-8467
ckolek@rivier.edu

Application: 2016 Volleyball Camp

(PLEASE SELECT SESSION(S) AND FILL OUT ENTIRE APPLICATION)

Camp # 1 July 18- 21 ☐ Camp # 2 July 25 – 28 ☐ Camp # 3 August 1-4 ☐

Name _____ Age _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ School Grade Upcoming Season _____

High School Team Trying Out For _____

Playing Experience _____ Position _____

Number of Years Playing Volleyball _____

T- Shirt size: XL L M S (please circle one)

In case of emergency notify _____

Home Phone (_____) _____ Cell (_____) _____

E-Mail _____

List any medical conditions camp director should be aware:

Insurance information _____

Insurance company _____

Policy # _____

In case of emergency, every attempt will be made to contact the person(s) above. If contact is unsuccessful, I authorize the camp staff to provide emergency medical care if necessary. Any expense arising from injury or illness is the responsibility of the person signing below:

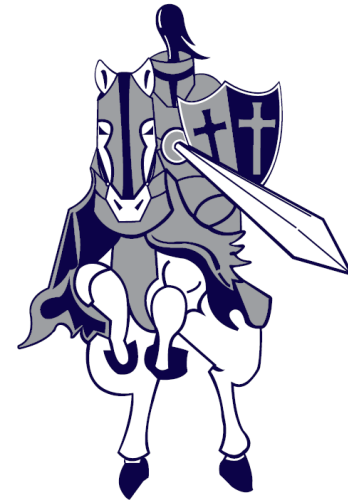
Parent/Guardian signature _____ Date _____

Please fill out registration form **completely**
 Payment in cash or check made payable to **Craig Kolek**, at:
 Rivier University Volleyball
 420 S. Main Street
 Nashua, NH 03060-5086

Rivier University
420 S. Main St.
Nashua, NH 03060

RIVIER UNIVERSITY

College Prep Volleyball Camps



July 18 – July 21
July 25 – July 28
August 1 – August 4