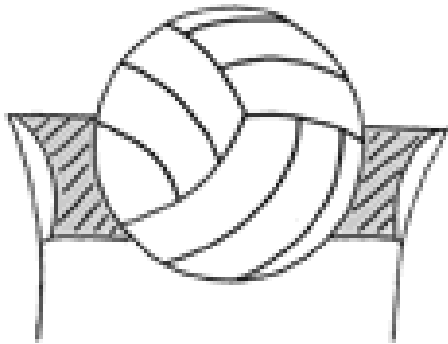
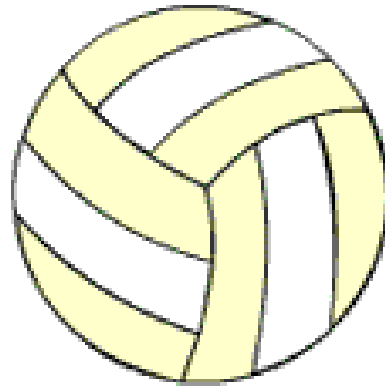




CONTACT INFORMATION

If you have any questions or need further information, please contact Mr. Matt Brethauer, Athletic Director by phone at 410-489-4321 x. 317 or by email at matt.brethauer@mabcmd.org.

**BUMP,
SET,
SPIKE!**



MACA Lions Athletics
16700 Old Frederick Rd.
Mount Airy, Maryland 21771
(410)489-4321 x. 317
Matt Brethauer, Athletic Director

MOUNT AIRY CHRISTIAN ACADEMY



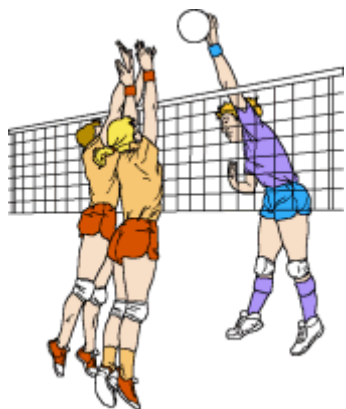
LIONS VOLLEYBALL CAMP

**FOR GIRLS ENTERING
GRADES 5 - 12**

JUNE 13-17, 2011
(GRADES 5-8) 9:00 A.M. – 11:00 A.M.
(GRADES 9-12) 9:00 A.M. – 1:00 P.M.

CAMP INSTRUCTORS

MACA Lions Volleyball Coaching Staff will be leading the instruction for the week.



ATHLETIC WAIVER

An Athletic Waiver Form and proof of insurance will be required for all participants. Waivers can be obtained in the High School and Athletic Offices and must be turned in by the first day of camp.



TIMES AND COST

The camp will be held at the Mount Airy Christian Academy gymnasium from 9:00 a.m.-11:00 a.m. for grades 5-8 and from 9:00 a.m. - 1:00 p.m. for grades 9-12.

The cost of the camp, which includes a camp t-shirt, will be \$50.00/week for grades 5-8 (2 hr. session) and \$100.00/week for grades 9-12 (4 hr. session).

WHAT TO BRING

All campers should bring a water bottle and a snack.

HOW TO REGISTER

Please fill out the form on the right completely. Tear it off and return it to your child's homeroom teacher or to the school or athletic office. You may also mail payment to:

MACA Lions Athletics
16700 Old Frederick Rd.
Mount Airy, Maryland 21771
(410) 489-4321 x. 317
Attn: Matt Brethauer, Athletic Director

Please include payment with your registration form. **It is strongly encouraged that all girls wishing to play Middle School, JV or Varsity Volleyball at Mount Airy Christian Academy in the fall of 2011 attend this camp.**

**** Campers must register by Fri. May 20th to be guaranteed the free t-shirt in their chosen size.**

REGISTRATION FORM

Name _____

Address _____

Phone # _____

Grade as of Fall '11 _____

Number of Yrs. of Volleyball Experience _____

Parent/Guardian Name(s) _____

Emergency Phone # _____

Please list any medical info. we should be aware of:

T-shirt size (Circle One)

YS	YM	YL	YXL
AS	AM	AL	AXL