

## Camp Staff

The **AVC Volleyball Camp** is staffed primarily by our head coaches, who bring experience coaching high school and club teams and playing in college.

 **Brittanie Stowell**

Head Coach, AVC U15 Team, Yorktown High School Varsity Coach, 5 years coaching Club and 3 years at Varsity.

 **Guery Guzman**

Head Coach, AVC U17/18 Team, Former Club Director with Arlington International Volleyball Club, 11 years coaching Club as head coach.

 **Kristi Grant**

Fifteen years playing experience at the high school, club and university levels. Took two 13-1 teams to Nationals for Saddleback Valley Volleyball Club. Current coach at Trinity Washington University.

 **Rebecca Baltare**

Eight years coaching experience at all levels. Currently the head coach of AVC U16 team and Washington-Lee High School Varsity.

Arlington Volleyball Club  
3942 N. Upland Street  
Arlington, VA 22207



**Arlington Volleyball Club  
Summer Camp**

**July 28 - 30  
6:00PM - 9:00PM**

**Ages 13 - 17**

**Williamsburg Middle  
School**

3600 N. Harrison Street  
Arlington, VA 22207  
Entrance to gym behind school



The **AVC Volleyball Camp** emphasizes the fundamental skills and techniques

required to maximize your contribution to your high school and/or Club team.

Players will be grouped by ability and participate in various game-like drills and exercises to improve passing, setting, hitting/blocking and serving. Training sessions will also include the principles of defense and offense, and players will practice transitioning between them.

Our experienced staff takes great pride in helping players improve all parts of their game. We encourage players to work hard and have fun!

## Registration

Space is limited. Reservations are on a first come, first served basis. For availability, check the AVC website at [www.arlingtonvolleyball.org](http://www.arlingtonvolleyball.org).

Refunds minus a \$50 cancellation fee if cancellation is received by June 15, 2009.

To reserve your spot, send a check for \$120 payable to **Arlington Volleyball Club** to:

Carol Arnold  
Treasurer, AVC  
3312 N. 23<sup>rd</sup> Road  
Arlington, VA 22201

**Checks MUST accompany completed registration forms to reserve your spot.**

## 2009 Registration Form

\_\_\_\_\_

Player Name

\_\_\_\_\_ (Cell)

Phone (Home)

\_\_\_\_\_

Email

\_\_\_\_\_

School Name/Grade Entering

\_\_\_\_\_

Volleyball Experience (Years)

\_\_\_\_\_

Emergency Contact

\_\_\_\_\_

Emergency Contact Phone

**T-Shirt Size: S M L XL**

## WAIVER RELEASE:

I hereby, for myself, my heirs, personal representatives and executors, waive, release, and forever discharge any and all rights and claims for loss or damages which may have or may hereafter accrue to me against the organizers and sponsors of this Volleyball Camp, including without limitations, Arlington Public Schools, and any other supporters and their representatives, for any and all injuries which may be suffered by the attendee at camp. I attest and verify that the attendee is physically fit to engage in this activity.

\_\_\_\_\_

**Parent Signature**

**Date:** \_\_\_\_\_

*For more information, contact Rebecca Baltare at 734-309-0405 or [baltare\\_33@hotmail.com](mailto:baltare_33@hotmail.com).*



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