



# Charlie Sullivan

## Boys & Girls Camps at CVU - 2019



### CHARLIE SULLIVAN –

- **11 Time Div. III National Champion Coach**
- **USA Men’s Volleyball Assistant Coach – Bronze Medal in Rio**
- **USA Volleyball All-Time Great Coach Award Recipient**
- **AVCA Div. III National Coach of the Year 3Xs – EIVA COY 7Xs**
- **Coached more All-Americans, Players of the Year, Most Improved Players than any coach in Div. III Men’s Volleyball.**
- **Full Bio at [www.springfieldcollegepride.com](http://www.springfieldcollegepride.com).**

#### **BOYS CLINIC @ CVU High School**

**When:** July 28, 29, 30, 31  
 Each Day’s schedule 9-3, lunch at 12-1  
**Price:** \$240

#### **GIRLS CLINIC @ CVU High School**

**When:** Aug 2, 3, 4, 5  
 Each Day’s Schedule 9-3, lunch at 12-1  
**Price:** \$240

It is encouraged that participants bring a water bottle, a change of clothes, and a lunch. Camp includes Coach Sullivan’s fundamental approach, 6 v 6 game activities, video analysis of players performances all with Coach Sullivan on your court.

-----DETACH-----

### Registration Information

Detach the participant information and mail it to Coach Charlie Sullivan with full payment at: 45 Cumberland Road. West Hartford, CT 06119. Any questions you can email Coach Sullivan at [csulliva@Springfieldcollege.edu](mailto:csulliva@Springfieldcollege.edu). Upon receiving your participant information Coach Sullivan will email you confirmation that a spot has been reserved for you. Please print neatly so I can be sure to get your email address correct! Thank you!

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Fall 2018 HS Grade: \_\_\_\_\_ Specialize Position (if any): \_\_\_\_\_  
 Attending H.S. \_\_\_\_\_ Years of Experience: \_\_\_\_\_  
 Participant Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of an emergency please contact: Name:** \_\_\_\_\_

Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

My child has my permission to participate in the Springfield College Volleyball Camp program. I understand the volleyball staff assumes no responsibility for accidents and medical or dental expenses incurred as a result of participation in this camp. In case of an emergency, understand every attempt will be made to contact the above person (s). If contact is unsuccessful, I authorize the camp to arrange the necessary medical treatment for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_