

**ANCHORAGE SCHOOL DISTRICT
REQUEST FOR COMMUNITY ACTIVITY APPROVAL**

Date: 2/26/18

Organization or Agency: Dimond Volleyball

Address: 2909 W. 88th Ave. Anchorage, AK 99502

I.R.S. Federal Identification Number: _____

Name and Title of Responsible Party: Kim Lauwers

Phone: 907-223-0109 Email: lauwers - kimberly@asdk12.org

A COPY OF THE POSTER OR FLYER MUST ACCOMPANY THIS REQUEST FOR REVIEW.

All copies of material to be posted and / or distributed must contain a disclaimer on the front page stating: ***"The Anchorage School District does not endorse these materials or the viewpoints expressed in them."***

Nature of request: Please include all pertinent information and reason for wanting to contact the students at school. Indicate if information is to go to all schools, only schools you list, or check the level(s) you prefer:

- Elementary Secondary (Middle & High Schools)

Summer Volleyball Camp. Fundraise for our program as well as a way to provide outreach out to our community. We would like to post to schools in ASD

LIST PROFIT MAKING OR COMMERCIAL AFFILIATES (indicate if affiliates are co-sponsors, donators of prizes, certificates, scholarships, or any other component of involvement with the activity.)

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This form and accompanying poster or flyer must be received by the administration within **five** working days of the date you wish the information to be distributed or posted in the schools.

APPROVED
*TO POST

APPROVED

By Glen Nielsen at 1:45 pm, Feb 27, 2018

DISAPPROVED
DO NOT POST

Date _____ Executive Director, Elementary Education

Date _____ Supervisor, Secondary Education

APPROVED

By Derek Hagler at 1:45 pm, Feb 27, 2018

****"To Post" allows singular poster display and any additional information available for pick up from a public or common area as determined by the school principal.***

Contact Elementary Education @ 742-4242 if you have any questions.

E-Mail frederic_claire@asdk12.org, FAX to Elementary Education @ 742-4225, or Return in person.

Revised 07/16/14

2018 DIMOND VOLLEYBALL CAMP

July 23, 24, 25

\$75.00

Director: Kim Lauwers and /or Rachel VanderMartin

Staff: Dimond H.S. assistant coaches, former and current Dimond H.S. volleyball players.

Where: Dimond H.S. main gym

When: (Times could be changed)

4th- 7th grade 8:30 a.m.-10:30 a.m.

10th,11th, 12th grade 11 a.m.-1:30 p.m.

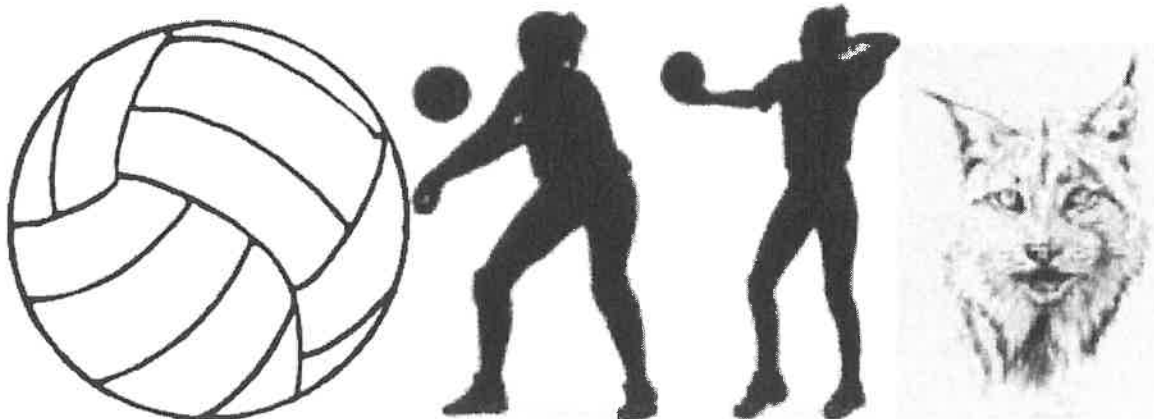
8th and 9th grade 3:00 p.m.-5:15 p.m.

Each player will learn: individual volleyball skills, team skills, conditioning, and footwork.

Please bring: indoor shoes, t shirt, shorts or spandex, socks, knee pads, water bottle, running shoes, sweats, volleyball and a positive attitude!

Please fill out application and send it in ASAP, as space is limited!

Contact Kim Lauwers if you have any questions: kimlauwers3@gmail.com



**2018 Dimond Volleyball Camp
Application
July 23, 24, 25
follow www.dhsvb.org
\$75.00**

**BRING VOLLEYBALL/WATER BOTTLE/INDOOR SHOES AND
KNEE PADS**

Please circle which camp you will be attending:

Times subject to change!

4th - 7th grade **8:30 a.m.-10:30 a.m.** (we will separate grade levels and ability on different courts).

10th, 11th, 12th grade **11 a.m.-1:30 p.m.**

8th and 9th grade **3:00 p.m.-5:15 p.m.**

Name: _____ **Grade:** _____ **School:** _____

Home address _____

Email address: _____ **Cell Phone:** _____

Parents name: _____ **Emergency phone #** _____

Insurance Name and Policy # _____

Please mail check by May 17th, 2018, as space is limited. If you don't mail your check before May 17th, then email Kim Lauwers the completed application and bring the check the first day of camp, although a check will confirm your camp entry. We will still collect the original application on the first day of camp. You can check the status of the camp with Kim Lauwers at kimlauwers3@gmail.com

Please make check out to: Dimond Volleyball
Mail check to: 2909 W. 88th Ave.
 Anchorage, AK. 99502

I understand that Dimond High School or the Anchorage School District will not be liable for any expenses due to injuries that might happen while participating at camp.

Parent signature:

Date:

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