



**CHARLIE SULLIVAN**  
**Champlain Valley Union High School - 2025**

*“Come learn from the Best”*

*Complete instruction in fundamentals, video review and game strategies*

**CHARLIE SULLIVAN** – Springfield College Men’s Volleyball Coach  
**Head Coach USA Youth National Team – Final 4 World Championship**  
**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 2015**  
**AVCA Div. III National Coach of the Year 5Xs – Regional COY 15Xs**  
**Coached more All-Americans, Players of the Year, Most Improved**  
**Players than any coach in NCAA Men’s Volleyball.**  
**Professor Physical Education at Springfield College 26 years**  
**Full Bio at [www.springfieldcollegepride.com](http://www.springfieldcollegepride.com).**  
**Camp web site [www.coachcharliesullivan.com](http://www.coachcharliesullivan.com)**

**@ CVU- Girls’ Clinic – 3 Days**

**When:** August 7-9 Thr, Fri, Sat

Each Day’s schedule 12:30 – 3:30

**Price:** \$195

This camp will use “Low risk” policies that comply with the Governors COVID-19 guidelines for summer camps. You can email Coach Sullivan to get a list of the policies to see how the camp is being conducted. Camp includes Coach Sullivan’s fundamental approach, 6 v 6 game activities, video analysis of players performances all with Coach Sullivan on your court. This is a great way to get prepared for your season.

-----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. Checks made payable to: *Charlie Sullivan*. 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! Or you can email Coach Sullivan to request to pay with Venmo and email a scanned copy of the information below, to reserve a spot at the camp. Thank you!

Name of Participant (CVU Girls): \_\_\_\_\_ Age: \_\_\_\_\_

Fall 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: \_\_\_\_\_