



# **CHARLIE SULLIVAN**

## **Portsmouth High School – 2025 – GIRLS & BOYS**

***“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 Consultant Coach – Rio Olympics**
- **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)**

#### **@ Portsmouth HS – 3 Days – Girls and Boys**

**When:** July 8,9,10

Each Day’s schedule 9:00 – 12:30

**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 (PHS G&B): \_\_\_\_\_ 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: \_\_\_\_\_