



Team Camp and Clinic Registration Form

**Please complete registration Form, Team Roster and Team or Individual Liability Waiver Form
A 20% deposit is required to secure your camp(s) date(s).**

Team Name: _____ Organization (School, Rec League) _____

Mailing Address: _____

Contact Name(s): _____

Phone: _____ Cell Phone: _____

E-Mail Address: _____

Location of Camp: _____

Camp Dates

1 st Choice	2 nd Choice	3 rd Choice

Choreography

Team Name	Level 1-3 \$100.00	Level 4-5 \$175.00		No. Kids		Team Total
			X		=	
			X		=	
			X		=	
			X		=	

Cheerleading Skills Clinic

Team Name	\$100.00	Less Disc. \$25.00		No. Kids		Team Total
			X		=	
			X		=	
			X		=	
			X		=	

Stunting Skills Clinic

Team Name	\$65.00		No. Kids		Team Total
			X	=	
			X	=	
			X	=	
			X	=	

TOTAL _____