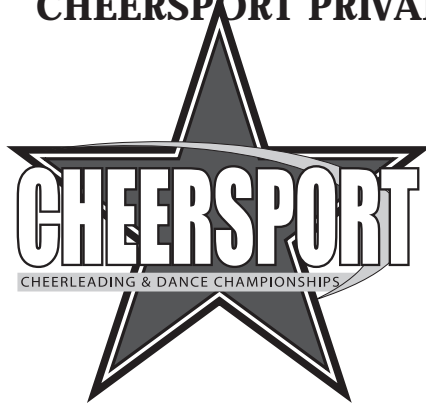


CHEERSPORT PRIVATE CHEERLEADING CAMP REGISTRATION APPLICATION



- 1.) Complete Team and Contact Information Section
- 2.) Select Camp Dates, Length and Type
- 3.) Determine Camp Deposit and Total Camp Fees
- 4.) Mail Application and ***Non-refundable Deposit** of \$50 per person to:

CHEERSPORT Summer Camps

11010 Monroe Road, Suite B, Matthews, NC 28105

1-888 READY OK Fax: 704.845.5222 www.CHEERSPORT.net

- 5.) Final Payment Must be Received 4 Weeks Prior to Your Confirmed Date

TEAM NAME

CONTACT PERSON

TEAM ADDRESS

CONTACT PERSON ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

CONTACT CELL

CONTACT HOME PHONE

EMAIL ADDRESS

CONTACT FAX

Location of Camp: _____ First Choice for Camp Date(s) _____ Second Choice: _____

Address of Camp Location: _____

Number of Days: 3 day 4 day 5 day Hotel Referral (Staff) _____ Phone: _____

Type of Camp:

- Game Ready
- Stunt to the Max
- Choreography Camp

Please indicate the type of Squad attending and the number of participants on each squad:

<input type="checkbox"/> School	Number Participants / Level	<input type="checkbox"/> Allstar	Number Participants
• Middle School	_____	• Tiny/Mini	_____
• High School JV	_____	• Youth	_____
• High School Varsity	_____	• Junior	_____
<input type="checkbox"/> Recreation	_____	• Senior	_____

PAYMENT PROCEDURE

A \$50 per person non-refundable deposit is due with the return of this registration form to secure your camp date and will be applied to your balance. Invoice and confirmation will be sent upon receipt of this form.

Only one check per camp, payable to CHEERSPORT, will be accepted.

***CHECK, CREDIT CARD, MONEY ORDER OR CASHIERS CHECKS ONLY.**

NUMBER OF PARTICIPANTS × 3,4, OR 5 DAY CAMP RATE = TOTAL PAYMENT

NUMBER OF PARTICIPANTS × X \$50.00 = TOTAL DEPOSIT