

2010 CTYFL Cheer Camp, Aug. 14 + 15

Registration Form

Name of Town/Team: _____ Contact/Cheer Coordinator: _____ Phone #: _____

Coordinators, please submit this form with payment at our July meeting for headcount and planning purposes. Additional forms may be used if you have more applicants.

Camp Participants:

	<u>Name of Cheerleader</u>	<u>DOB</u>	<u>Team</u>	<u>Parent's Name / Phone #</u>	<u>Waiver</u>	<u>T-Shirt Size</u>	<u>Deposit (50%)</u>	<u>Balance</u>
1.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
2.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
3.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
4.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
5.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
6.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
7.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
8.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
9.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
10.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
11.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
12.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
13.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
14.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____
15.	_____	_____	_____	_____	y / n	A / CH _____	\$ _____	\$ _____

Date Submitted: _____

Total Amount Submitted \$ _____