



2018 NCA CHEER CAMP AT HUSSON REGISTRATION FORM

Date Rec'd _____
 Amt. Rec'd _____

Complete one registration form per squad. Mail completed applications to: Tami Campbell, 31 Kennebec Road, Hampden, ME 04444

School/Squad/Gym Name: _____ City: _____ St: _____ Zip: _____

SESSION CHOICE: _____ Session 1 1-14 _____ Session 2 – July 16-19 _____ Session 3 – July 21-24

CAMP CHOICE: _____ NCA CAMP (Sessions 1 only) _____ PERFORMANCE CAMP (Sessions 1,2,3)

SQUAD TYPE: _____ Youth _____ Jr. High _____ JV _____ Varsity _____ All-Star _____ Individual (session 2 only)

CAMP FEES : Resident (overnight) \$320/camper* \$220/coach (*add \$10 if coming as individual)
 Commuter (day camper) \$295/camper* \$205/coach

PLEASE REGISTER _____ CAMPERS AND _____ COACHES FOR CAMP [____ females ____ males]. ENCLOSED IS PAYMENT OF \$_____. Please make check payable to: Tami Campbell OR NCA Cheer Camp at Husson. You may send a \$50 deposit per person OR payment in full. Full payment is due 3 weeks prior to your camp session. An invoice and instructional letter will be sent to the contact person once your registration has been confirmed. An informational packet, health form and release form will be available through our website: www.mainecheercamps.com.

Names of individuals attending are required. Remember to include adults/coaches. If necessary, please list additional names and corresponding information on a separate sheet of paper. This may be sent with final payment if necessary.

Name	Amt. Pd.	Coach	Camper	Resident	Commuter	Male	Female	Fall Grade	T-Shirt Size (YS-A XXL)
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_____ **Total Enclosed** (Please make ONE check payable to Tami Campbell or NCA Cheer Camp at Husson)

I have read and agree with the NCA Cheer Camp at Husson policies and procedures and will be responsible for communicating this information to parents/participants. Coach Signature: _____ Date: _____

TO BE COMPLETED BY COACHES ONLY

There will be _____ coaches attending as:
 _____ resident _____ commuter
 Payment: _____ \$50 deposit pp enclosed
 _____ Free – bringing 20+ campers
 _____ Free – this is my 6th + year
 _____ Free – PIF when registering*

*See incentive list for date deadline & min. squad size

PERSON TO WHOM CAMP INFORMATION SHOULD BE SENT:

Contact Person: _____
 Position (coach, student, parent): _____
 Email Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Telephone: _____ Fax: _____