



2022 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/Program Name: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

SESSION CHOICE: \_\_\_ Session July 7-10 \_\_\_ Session 2 - July 12-15 \_\_\_ Session 3 - July 17-20

CAMP CHOICE: \_\_\_ NCA TRADITIONAL CAMP \_\_\_ NCA PERFORMANCE CAMP

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

CAMP FEES: Resident (overnight) \$360/camper\* \$260/coach (\*add \$10 if coming as individual)
Commuter (day camper) \$335/camper\* \$245/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. See the Dates & Fees page on the website for the deposit due date. Full payment can be made when registering. Payment in full is due 30 days 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. Register and pay in full by June 1st and receive a FREE CAMP T-SHIRT!

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.

Table with 10 columns: Name, Amt. Pd., Coach, Camper, Resident, Commuter, Male, Female, Fall Grade, T-Shirt Size (YS-A XXL). Multiple rows with checkboxes for registration options.

Total Enclosed (Please make ONE school check or bank check or money order payable to: Tami Campbell or NCA Cheer Camp at Husson. No personal checks please.)

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 and registered by 5/1
\* Must register by June 1st with min. squad size of 12

PERSON TO WHOM CAMP INFORMATION SHOULD BE SENT:

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