

PAYMENT INFORMATION

TOTAL REGISTRATION: (From other side) \$ _____

THE CLUB Membership (\$35 x # of students) \$ _____ (Optional)

Additional Fees (gas stipend, out-of-area, etc.) \$ _____

SUB-TOTAL REGISTRATION: \$ _____

Non-Refundable Deposit: (10% of Reg.) - \$ _____ (Due with Reg.)

BALANCE OWED: \$ _____ (2 weeks before camp)

Make checks payable to: **CHEERGYMS.COM SUMMER CLINICS/CAMPS**

Cheergyms.com will not take separate checks from each individual cheerleader. Please send only one (1) check for your entire registration.

Check# _____ Amount of Check \$ _____

Send to:

CHEERGYMS.COM CLINICS/CAMPS
2060 Commerce Ave.
Concord, CA 94520

For Payment by Credit Card:

Circle One: VISA MASTER CARD

Card #: _____

Amount to be charged \$ _____

Name on Card: _____

Exp Date: _____ Billing Zip: _____ Security Code: _____

Signature: _____ Date: _____

Once registration is received, you will get:

- A confirmation letter
- Rules and regulations for camp
- A daily schedule of classes and events
- A Medical Information Form, Liability Release Form and Photo Release to give to each of your cheerleaders
- A checklist of things to bring to camp to be prepared
- Team/Coach Roster to be filled out

These are also available at www.cheergyms.com click on the "summer camps" link.

Any cancelations less than one week prior to any camp/clinic will not receive a refund. All cancelations must be in writing and sent to the main office.

PLEASE READ AND SIGN:

I understand the financial commitment with signing up for a Cheergyms.com Clinic/Camp and agree to pay all money due within the time limits given.

Organization's Contact

Date

For more information call 866-685-7615 or email morton@cheergyms.com

PLEASE MAKE A COPY OF BOTH SIDES OF THE REGISTRATION FORM FOR YOUR RECORDS.

cheergyms.com CLINIC/CAMP REGISTRATION FORM

Organization's Name: _____
 Organization's Address: _____
 Organization's City/State/Zip: _____
 Organization's Phone: _____ Fax: _____
 Contact's Name: _____
 Contact's Address: _____
 Contact's City/State/Zip: _____
 Contact's Phone: _____ Cell: _____
 Contact's Email: _____

Residential Camp: Cal Maritime Academy, Vallejo, CA. 7/27- 7/30, 2010

Resident Price: \$365.00 per participant. THE CLUB! Price \$310.

Commuter Price: \$275.00 per participant. THE CLUB! Price \$235.

One Coach per team FREE! Additional Coaches \$100 each.

2 - Day Camps: (Circle One) Motions 7/9&10 or Pyramids 7/9&10 or Freedom HS 7/16&17

Price: \$175.00 per participant. THE CLUB! Price \$150.

One Coach per team FREE! Additional Coaches \$75 each.

<u>Team Type</u>	<u># on Team</u> (Indicate males w/ "M")	<u>Res. Price</u> (Circle Price)	<u>2-Day Price</u>	<u>Sub-Totals</u>
Jr. High	_____	\$365 /\$310/ \$275/\$235	\$175/\$150	\$ _____
Freshman	_____	\$365 /\$310/ \$275/\$235	\$175/\$150	\$ _____
Junior Varsity	_____	\$365 /\$310/ \$275/\$235	\$175/\$150	\$ _____
Varsity	_____	\$365 /\$310/ \$275/\$235	\$175/\$150	\$ _____
Songleader	_____	\$365 /\$310/ \$275/\$235	\$175/\$150	\$ _____
Add'l Coaches	_____	\$100	\$75	\$ _____
TOTAL \$				\$ _____

Individual Camp: (Circle One) Motions 7/12&16 or Pyramids 7/12&16

Price: \$200 per participant. THE CLUB! Price: \$170 (only one reg. form per participant)

Name: _____ Age: _____

PC (Private Camp) or ITC (Intense Training Clinic) Circle One

Location (if different than above)

Location Name: _____

Location Address: _____

Location City/State/Zip: _____

Location Phone: _____ Fax: _____

Date(s): _____ Day (s): _____ Times: _____

<u>Type</u>	<u>#on Team</u>	<u>Reg. Price</u>	<u>THE CLUB Price</u>	<u>Sub-Totals</u>
PC 1 Day	_____	\$79 per student	\$67 per student	\$ _____
PC 2 Day	_____	\$99 per student	\$84 per student	\$ _____
PC 3 Day	_____	\$129 per student	\$110 per student	\$ _____
ITC	_____	\$10 per student/HR	\$8.50 per student	\$ _____
PC Flat Rate		(Circle one: 1 Day 2 Day 3 Day)		\$ _____
ITC Flat Rate		# of Hours ____ X \$100 =		\$ _____

(ITC Flat Fee \$100 per hour for teams of 10 and under)

(PC Flat Fee for teams of 10 and under 1 Day \$800, 2 Day \$1000, 3 Day \$1300)

Type of ITC; _____

PC Extra Instructor(s) _____ X \$100 X _____ Days \$ _____
 ITC Extra Instructor(s) _____ X \$20 X _____ Hours \$ _____
TOTAL \$ _____

PAYMENT INFORMATION ON OTHER SIDE