

THE SPIRIT CONSULTANTS

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The Spirit Consultants' Summer 2010 Cheerleading and Dance Camp Deposit Form

School Name: _____

Coach/Advisor Name: _____

Please check the box for the camp you are attending:

CHEER AND DANCE CAMP 1 (8/3-8/6) [] CHEER CAMP 2 (8/9-8/12) []

TEAM REGISTRATION INFORMATION: Please enter the total number of participants for each team.

TOTAL NUMBER OF VARSITY CHEERLEADERS: _____ FEMALES _____ MALES

TOTAL NUMBER OF JV CHEERLEADERS: _____ FEMALES _____ MALES

TOTAL NUMBER OF FRESHMEN CHEERLEADERS: _____ FEMALES _____ MALES
(only if you have a separate freshmen team attending camp)

TOTAL NUMBER OF DANCE TEAM MEMBERS: _____ FEMALES _____ MALES

TOTAL NUMBER OF VARSITY SONGLEADERS: _____ FEMALES _____ MALES

TOTAL NUMBER OF JV SONGLEADERS: _____ FEMALES _____ MALES

TOTAL NUMBER OF MASCOTS: _____ FEMALES _____ MALES

TOTAL NUMBER OF ADULTS (COACH/ADVISOR OR CHAPERONES): _____ FEMALES _____ MALES
(please remember to maintain a 1:10 ratio of adults to campers)

ALL ATTENDING COACHES FULL NAMES: Please print clearly. We do not need the names of chaperones at this time, only coaches.

1. _____
2. _____
3. _____
4. _____
5. _____

DEPOSIT TOTAL INFORMATION:

TOTAL NUMBER OF CAMPERs: _____ + TOTAL NUMBER OF ADULTS: _____ = _____

TOTAL NUMBER OF PAID ATTENDEES: _____ X **\$50 deposit per person** = \$ _____

Once your deposit has been received into the office, TSC will email you a final invoice for the remaining balance of your camp master bill. ***If you have a REFERRAL DISCOUNT credit, it will be applied to your final invoice after the deposits are received.*** We hope that everyone has a successful tryout and wonderful rest of the school year. We're looking forward to seeing each of you at camp in August!!!