

PAYMENT INFORMATION

TOTAL REGISTRATION: (From other side) \$ _____
Additional Fees (gas stipend, out-of-area, etc.) \$ _____ (Please contact us)
SUB-TOTAL REGISTRATION: \$ _____
THE CLUB! Discount (15%) \$ _____ (Call for more info.)
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. 7/21- 7/24, 2011

Resident Price: \$365.00 per participant. \$400 AFTER 6/21/11.
Commuter Price: \$275.00 per participant. \$300 AFTER 6/21/11.
One Coach per team FREE! Additional Coaches \$100 each.

2 - Day Camps: (Circle One)

Freedom HS 7/8 & 9 or Motions Cheer Gym 7/15 & 16 or Antelope HS 8/5 & 6, 2011

Price: \$185.00 per participant. 1 month before camp price goes to \$200 per participant.
One Coach per team FREE! Additional Coaches \$100 each.

Team Type	# on Team (Indicate males w/ "M")	Res. Price (Circle Price)	2-Day Price	Sub-Totals
Jr. High	_____	\$365 /\$400	\$185/\$200	\$ _____
Freshman	_____	\$365 /\$400	\$185/\$200	\$ _____
Junior Varsity	_____	\$365 /\$400	\$185/\$200	\$ _____
Varsity	_____	\$365 /\$400	\$185/\$200	\$ _____
Songleader	_____	\$365 /\$400	\$185/\$200	\$ _____
Add'l Coaches	_____	\$100	\$100	\$ _____
TOTAL				\$ _____

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: _____

Type	#on Team	Reg. Price	THE CLUB Price	Sub-Totals
PC 1 Day	_____	\$79 per student	\$ _____	\$ _____
PC 2 Day	_____	\$99 per student	\$ _____	\$ _____
PC 3 Day	_____	\$129 per student	\$ _____	\$ _____
ITC	_____	\$10 per student/HR	\$ _____	\$ _____
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 \$ _____

***NOTE: THE CLUB! Members get \$15% of total price.**

PAYMENT INFORMATION ON OTHER SIDE