Champion Cheer Central, Inc.
2011 Home Camp Registration

Camp Information

Home Camp Dates

Times: (circle one)
8:00 am— 3:00 pm 9:00 am—4:00 pm 10:00 am—5:00 pm

Camp Location

Did you have a CCC home camp in 2010? YES NO

School/Organization Information

School/Organization Name

Address

City State Zip

Area Code/Phone

Contact Person

Name

Address

City State Zip

Area Code/Daytime Phone

Area Code/Home Phone

Area Code/Cell Phone

Email Address

TEAM INFORMATION

Please indicate the number of participants attending per team:

___ Varsity ___ Junior Varsity ___ Junior High
___ Freshman ___ Elementary ___ All Star

Your Team's Ability Level: (circle one)

Beginner Intermediate Advanced Elite

Hotel Information

Please list two convenient, moderately priced for our CCC staff.

Hotel Name

Address

City State Zip

Area Code/Phone

Minutes from location

Hotel Name

Address

City State Zip

Area Code/Phone

Minutes from location

Payment Information

_____ X _____ = _____
# of participants Cost of Camp Total Cost of Camp

Camp Total _____
Deposit — _____
Balance due 2 weeks prior = _____

A non-refundable deposit of $25 per participant is due with this registration form in order to secure your dates. All camp cancellations must be made in writing two weeks prior to the camp.

Please mail this form to: Champion Cheer Central, Inc.
18 West State Street Albion, PA 16401