



2024 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 10-13 ___ Session 2 – July 15-18 ___ Session 3 – July 20-23
___ Individual (session 2 only)

CAMP CHOICE: ___ NCA TRADITIONAL CAMP ___ NCA PERFORMANCE CAMP

SQUAD TYPE: ___ Youth ___ Jr. High ___ JV ___ Varsity ___ All-Star

CAMP FEES : Resident (overnight): \$390/camper * \$290/coach *Individuals (Camp Squad)- add \$10 to price
Commuter (day camper): \$365/camper* \$275/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. A deposit of \$50 per person or 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.

Name	Amt. Pd.	Coach	Camper	Resident	Commuter	Male	Female	Fall Grade	T-Shirt Size (YS-A XXL)
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_____ **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

Special coach incentive(s) used (limit 2):
___5+ ___20+ ___PIF

PERSON TO WHOM CAMP INFORMATION SHOULD BE SENT:
Contact Person: _____
Position (coach, student, parent): _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Telephone: _____