

# 2010 NCA Cheer Camp Registration Form



Use this form to register for any camp in our brochure. To avoid duplication, do not mail this form if you phone or fax your registration.



EITHER → MAIL this form with your payment or school purchase order to: Southwest Camps, PO Box 350, Cisco, TX 76437  
 OR → FAX this form with a school purchase order or credit card payment 24 hours a day to (254) 442-2514.  
 Phone (254) 442-2500 or (888) 442-2514 (Southwest Camps is not responsible for faxes not received.)

Camp Location \_\_\_\_\_ Camp Dates \_\_\_\_\_  
 School/Squad Name \_\_\_\_\_ Number of Squads Attending \_\_\_\_\_  
 School/Squad Phone ( ) \_\_\_\_\_ FAX Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Advisor / Contact to receive information:  
 Name \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Name of Coach(es) / Sponsor(s) attending camp \_\_\_\_\_

Complete the information below using the following squad type abbreviations: Advisor (A); Varsity (V); Junior Varsity (JV); Junior High / Middle School (JH), Freshman (F); Elementary (E); Mascot (M); Junior All-Star (JAS); Senior All-Star (SAS); Mini All-Star (MAS); Youth All-Star (YAS); Jr. Prep All-Star (JPA).

**Names of individuals attending, (including sponsors, coaches, etc.), are required.** If necessary, please list additional names and corresponding information on a separate sheet of paper. **PLEASE PRINT.**

NAME	RESIDENT	COMMUTER	FEMALE	MALE	TEAM TYPE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

I will be responsible for communicating to parents / participants all NCA Camp information sent to me, including NCA policies and procedures.

Coach / Sponsor Signature: \_\_\_\_\_

**Method of Payment: Select one**  School Purchase Order (attached copy - required)  School or cashier's check  Money Order

**Complete if paying by credit card: circle one** American Express Discover VISA MasterCard  
 Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Cardholder Phone # \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Amount to Charge: \$ \_\_\_\_\_ Signature: \_\_\_\_\_