

2012 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 our "List of Participants" form that can be found and downloaded from our website: www.southwestemblem.com/camp2012 **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 downloaded from our website, 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: ____ / ____ CVV# _____

Cardholder Name: _____ Cardholder Phone # _____

Billing Address: _____

Amount to Charge: \$ _____ Signature: _____