

ALL THINGS CHEER Skillz Camps and Clinics REGISTRATION FORM

Shipping/Mailing Info: All Things Cheer, 5325 13th Ave S, Seattle, WA. 98108
Email: info@allthingscheer.com **www.allthingscheer.com**

Phone: 480-234-4808
Fax: 206-971-6633

Camp Date(s): _____

Contact Information:

Organization/School _____

Address _____

City _____ State _____ Zip _____

Email _____

Organization/School Phone _____

Cell Phone _____

Fax _____

Alternate Contact _____

Alternate Contact Phone _____

Alternate Email _____

NOTICE OF CANCELLATION and refund request must be submitted in writing to All Things Cheer and must be received in our office one (1) week prior to camp date. No refunds will be issued after that date. Partial refunds will be issued to participants that leave camp early due to illness, injury, and/or disciplinary reasons. Refunds will be processed four (4) to six (6) weeks after camp.

DUE TWO WEEKS PRIOR TO EVENT DATE
IF NOT RECEIVED ON TIME ACCOUNT WILL BE CHARGED ADDITIONAL 10% FEE.

CONFIRMATION MATERIAL will be sent to you within two (2) weeks. If an email address is provided, confirmation will be sent electronically.

Skillz/Private Camp (Check One):

- ___ All Star Large (21+ members)
- ___ All Star Small (20 members or less)
- ___ School Cheer Large (21+ members)
- ___ School Cheer Small (20 members or less)
- ___ 2-Day Private Camp
- ___ 3-Day Private Camp

Total Number of Participants:

- ___ 8 yrs and below
- ___ 11 yrs and below
- ___ 14 yrs and below
- ___ 18 years and below
- ___ 19 yrs and above

Attach complete athlete name list to Registration.

Paying By (Check One):

- ___ Check or Money Order enclosed in the amount of \$ _____
- ___ Credit Card

Visa MasterCard American Express Discover
 (Circle One)

Card Number _____

Expiration Date _____ Card Verification Code _____

Billing Address _____

Phone Number _____

Authorization (Check One):

- ___ I authorize All Things Cheer to charge my credit/debit card in the amount of \$ _____
- ___ I authorize All Things Cheer to charge the full amount to my credit/debit card
- ___ I do not authorize payment

Cardholder's Signature _____

_____/_____/_____

Date

