



ALL THINGS CHEER SKILLZ CAMPS AND CLINICS REGISTRATION FORM

Shipping/Mailing Info: ATC Skillz LLC,
Email: info@allthingscheer.com

900 S 94th St. #1024 Chandler, AZ. 85224
www.allthingscheer.com

Phone: 480-234-4808
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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.

CAMP REGISTRATION IS DUE IN FULL 21 DAYS PRIOR TO CAMP a 10% late fee will be applied if registration and payment received after 21 days prior to camp. Dates are on first come first serve basis.

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 yrs 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
(credit card transaction fee could apply)
- ___ Visa ___ MasterCard ___ American Express ___ Discover
(Circle One)

Name on Card _____

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 _____ / _____ / _____

