



WOCC



TEAM INFORMATION

Type or print legibly in ink

Name _____

Address _____

City _____ State _____ Zip _____

Organization _____ Division _____

Phone _____ Fax _____ Cell _____

E-mail address _____

REGISTRATION COST:			
August 5 - August 7, 2011 2 night + 3 day camp			
Early Bird			
Resident Athlete	\$215	X	<input type="text"/> = <input type="text"/>
Resident Coach/Advisor		X	<input type="text"/> = <input type="text"/>
Payment deadline for Early Bird is 6/17/11			
Regular			
Resident Athlete	\$230	X	<input type="text"/> = <input type="text"/>
Resident Coach/Advisor	\$175	X	<input type="text"/> = <input type="text"/>
Payment deadline for Regular is 7/8/11			
Early Bird Commuter Pricing*			
Commuter Athlete	\$185	X	<input type="text"/> = <input type="text"/>
Commuter Coach/Advisor	\$145	X	<input type="text"/> = <input type="text"/>
Payment deadline for Early Bird is 6/17/11			
			<input style="width: 150px; height: 20px;" type="text"/>
			GRAND TOTAL

*Commuter Pricing included lunch and dinner only.

CAMP ROSTER

WESTERN OREGON COLLEGE CAMP



TEAM INFORMATION

Team Name _____

Division _____

Please provide participant name with grade, date of birth, and shirt/jacket size (if applicable)

CAMP ROSTER

Participant Name	D.O.B.	Gender	Participant Name	D.O.B.	Gender
1. _____			16. _____		
2. _____			17. _____		
3. _____			18. _____		
4. _____			19. _____		
5. _____			20. _____		
6. _____			21. _____		
7. _____			22. _____		
8. _____			23. _____		
9. _____			24. _____		
10. _____			25. _____		
11. _____			26. _____		
12. _____			27. _____		
13. _____			28. _____		
14. _____			29. _____		
15. _____			30. _____		

PAYMENT

- VISA
- MasterCard
- Amex
- Discover
- Check

Credit Card Number _____ Expire Date _____ Security Code _____

Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

I, _____ authorize All Things Cheer to charge of the rate listed above.
Credit card holder's signature required

I am registering my organization for an ATC camp and have completed and understand the registration information provided. I agree to follow the procedures for payments and balances. I understand that event confirmation materials will be e-mailed to the address provided. I will provide All Things Cheer with all medical waivers. and birth certificates upon check in at the camp.

Signature Required _____

Date _____

All Registration Must be accompanied by a credit card or cashiers check no later than June 24th. No personal gym checks will be accepted.