

TEAM REGISTRATION FORM

2011 JAMZ SUMMER CAMP

Mail this form with your payment to: **JAMZ SUMMER CAMPS: P.O. BOX 4308, MODESTO, CA 95352** OR FAX FORM TO: **209-578-1617**

REMINDER: Agreement of Compliance Forms are required to participate at camp, and can be faxed, mailed or turned in at Coach Check-in the first day of camp.

Camp/Clinic Location: _____

Camp Dates: _____

Team/Organization: _____ Level: _____
(i.e. Novice, Intermediate, Advanced, etc.)

Team Type (check all that apply): Cheer Only (no dance) Dance Only (no stunt) Cheer and Dance

All correspondence will be forwarded to the contact person listed below:

Coach's/Coordinator's/Advisor's First Name _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Additional Contact Person: _____ Phone: () _____

Please complete the fields below. Names of individuals participating are required. Make additional copies as needed.

PARTICIPANT NAMES		PARTICIPANT TYPE			
	FIRST NAME	LAST NAME	Coach	Female	Male
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My signature below indicates that I have read and agree with JAMZ' Policies and Procedures. I am responsible for communicating this info to my coaching staff, parents and participants.

Signature: _____

Total # of Overnight Participants:	_____ multiplied by \$ _____	(Tuition per Participant) = \$ _____
Total # of Overnight Coaches:	_____ multiplied by \$ _____	(Tuition per Participant) = \$ _____
Total # of Commuter Participants:	_____ multiplied by \$ _____	(Tuition per Participant) = \$ _____
Total # of Commuter Coaches:	_____ multiplied by \$ _____	(Tuition per Participant) = \$ _____
		Total Amount: \$ _____

FOR OFFICE USE ONLY: DR _____ DE _____ MOP _____ IP _____ CFM _____