



2016 Mid American Pompon -Overnight Summer Camp Registration Form-

Please submit one form per team. **A completed rooming list must accompany this registration sheet in order for teams to be registered for camp.** Rooming lists are located at www.pompon.com on the Summer Camp page.

School: _____ Coach Name: _____

Phone: Home (____) _____ Cell (____) _____

Mailing Address: _____ City: _____ Zip: _____

Coach Email (required) _____

Additional Email for confirmations: _____

We plan to attend camp:

June 20 – June 23
Davenport University

☐ Intermediate Pom
☐ Advanced Pom

June 25 - June 28
Davenport University

☐ Intermediate Pom
☐ Advanced Pom

July 25 - July 28
Davenport University

☐ Intermediate Pom
☐ Advanced Pom

FINAL PAYMENT: Due May 30

Due June 4

Due July 4

We are a: ☐ Varsity ☐ JV ☐ Junior High / Middle School

consisting of _____ team members and _____ coaches

(You must have at least one coach or chaperone who is over 21 years of age to attend camp with your team.)

Early Arrival Option: Our team plans to arrive the evening before camp begins

A great way to start camp! Sleep in, have a full, healthy breakfast, and enjoy extra team bonding before the start of your camp session! **\$45 per person** includes overnight stay and breakfast. Cancellation of early arrivals must be made three weeks prior to your camp session. A map with early arrival information will be emailed to you prior to your camp. **Early Arrival check in is between 6:00-7:30 pm only.**

PLEASE NOTE: Late fee of \$20 per camper will be assessed if FULL payment is received after the due date!

Payment Method ☐ School Check ☐ Money Order ☐ Certified Check ☐ Credit Card*

Full Payment: Number of campers & coaches _____ X \$378.00 per person = \$ _____

***CREDIT CARD—** Number of campers & coaches _____ X \$388.00 per person = \$ _____

PLUS (+) Number of campers & coaches _____ x **\$45** per person **Early Arrival** (if applicable) = + \$ _____

MINUS (-) Team Pre-Registration (if applicable) = - \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Credit Card # _____ Expiration Date: ____/____/____ 3-Digit Code _____

Name of Card Holder: _____ Billing Address: _____

www.pompon.com