Please complete one registration form *per team*.

A confirmation packet will be sent to you via email upon receipt of payment and completed form.

School / Organiza	ation:
Announced as "	<u>"</u>
City:	Zip:
Home Phone: (	
Email (required) _	
Additional email(s	s) to send confirmation to:
OUR TEAM IS:  Varsity	☐ Junior Varsity ☐ Middle School ☐ Elementary
WE WILL COMPE	ETE IN THE FOLLOWING CATEGORIES:
<u>—</u>	Number of participants  Sigh Kick  Hip Hop  Vided into Small, Medium and Large divisions only when 10 or more teams enroll in a category.
	MUSIC DETAILS WILL BE IN THE CONFIRMATION PACKET OR REFER TO WWW.POMPON.COM FOR MORE INFORMATION
	Payment Information
	of Participants
	X =
<i>PLUS</i> Additional Category:	<b>.</b>
Manual Caregory	TOTAL ENCLOSED: =
Card Holder:	Credit Card #
	Last 3 Digits on back of card:
	Registration Due  Zip Code: OCTOBER 21, 2016

Please list below all members participating in the competition. Please indicate with an * if	
anyone did not attend 2016 Mid American Pompon Summer Camp. PEN Forms need to be	
completed and submitted with registration or 2 weeks prior to the event. PEN forms will be ke	pt
on file for 1 school year. PEN forms can be found on the home page at www.pompon.com	-

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