

OFFICE USE ONLY

Paid? _____

NUMBER _____

MID AMERICAN POMPON - 2015 - ALL STAR TEAM APPLICATION

Name: _____ Graduation year: 2016 2017 2018 2019

School: _____

Phone Number: _____ E-mail: _____

Camp Session Attending: (Please Circle)

Davenport #1 (June 19 - June 22)

Davenport #2 (June 24 - June 27)

Davenport #3 (July 9 - July 12)

Northwood #4 (July 30 - August 2)

Camp Program: (Please Circle)

Advanced Pom

Intermediate Pom

If you were a previous Mid American Pompon All Star Team Member, please check if this will be your:

_____ 2nd year _____ 3rd year _____ 4th year

PARENTS:

I hereby give permission for my daughter to participate in the tryouts for the Mid American Pompon All Star Team. I have read the All Star Team Fact Sheet and understand that if my daughter should be selected for this team, I/she would be responsible for all costs for travel and accommodations. (All events are optional.)

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

ALL STAR TEAM CANDIDATES:

Below are scheduled, and some tentative performance possibilities for the 2015-2016 All Star Team.

- Michigan Thanksgiving Day Parade and rehearsal - November
- Michigan St. Patrick's Day Parade and rehearsal - March 2016
- Indianapolis 500 - May 2016 in Speedway, IN

I have read all of the information about the Mid American Pompon All Star Team and I understand that I will be responsible for all costs involved through direct payment and/or fundraising if I should be selected for the team. I also understand that decisions on selection made by the judges are final, and that I may receive feedback in regards to my scores on the final day of camp in writing from my staff sister.

CANDIDATE'S SIGNATURE _____ DATE _____

A **\$10.00 application fee** must be submitted when you hand in your application to our staff at camp.

APPLICATIONS WILL BE ACCEPTED UNTIL THE 1st DAY OF CAMP AT **12:00 noon.**