OFFICE USE ONLY Paid?	
NUMBER	

MID AMERICAN POMPON - 2016 - ALL STAR TEAM APPLICATION

Name:		Graduation year: 2017 2018 2019 2020
School:		
Phone Number:		E-mail:
Camp Session Attendi	ng: (Please Circle)	
Davenport #1	(June 20 - June 23)	Davenport #2 (June 25 - June 28)
	Daven	port #3 (July 25 - July 28)
Camp Program: (Pleas	e Circle)	
	Advanced Pom	Intermediate Pom
If you were a previous N	lid American Pompon All S	Star Team Member, please check if this will be your:
2nd year	3rd year4 th year	г
PARENTS:		
I hereby give permission	n for my daughter to participa	ate in the tryouts for the Mid American Pompon All Star Team. I have read
the All Star Team Fact S	Sheet and understand that if	my daughter should be selected for this team, I/she would be responsible fo
all costs for travel and a	ccommodations. (All events	are optional.)
PARENT OR LEGAL	GUARDIAN'S SIGNATU	REDATE
ALL STAR TEAM C	ANDIDATES:	
	•	ce possibilities for the 2016-2017 All Star Team.
•	an Thanksgiving Day Parade an St. Patrick's Day Parade	
_	r Trip - TBD	and reneared. Interest 2017
costs involved through d	lirect payment and/or fundrai idges are final, and that I ma	rican Pompon All Star Team and I understand that I will be responsible for a ising if I should be selected for the team. I also understand that decisions only receive feedback in regards to my scores on the final day of camp in
CANDIDATE'S SIGNAT	URE	DATE

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