



2020 Mid American Pompon Satellite Camp Pre-Registration

Please submit one form per team. **Monday, August 3rd 2020**

School: _____ Coach Name: _____
Phone: Home (____) _____ Cell (____) _____
Mailing Address: _____ City: _____ Zip: _____
Coach Email (required) _____
Additional Email for confirmations: _____

Camp Dates

August 21 - August 23

FINAL PAYMENT:

DUE Monday August 17th

- Intermediate Pom
- Advanced Pom

We are a: Varsity JV Junior High / Middle School

Guaranteed # _____ team members and # _____ coaches

The number above must be your guaranteed number of coaches and campers that will attend camp. Due to Covid-19 we will be limiting our participants to 100 campers max.

Payment Method School Check Money Order Certified Check Credit Card

PRE REGISTRATION PAYMENT (PER TEAM): \$ 250.00

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

Name of Card Holder: _____ Billing Address: _____

Pre-registration must be hand delivered to Mid American Pompon on Monday, August 3rd at 11am
24425 Indoplex Circle, Farmington Hills MI 48335 , Fax - 248-477-1133

Once we have received the registration form and payment your team will receive a confirmation email with additional information. This email may take up to 48 hours. If you have any questions please contact Julie@pompon.com



2020 Mid American Pompon Satellite Camp Registration Form

Please submit one form per team.

School: _____ Coach Name: _____
Phone: Home (____) _____ Cell (____) _____
Mailing Address: _____ City: _____ Zip: _____
Coach Email (required) _____
Additional Email for confirmations: _____

August 21- August 23

Lakeland High School

**FINAL PAYMENT: Due
August 17**

- Intermediate Pom
- Advanced Pom

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.)

PLEASE NOTE: \$20 per camper Late Fee 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 \$275.00 per person = \$ _____

***CREDIT CARD—** Number of campers & coaches _____ X \$284.00 per person = \$ _____

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

TOTAL AMOUNT ENCLOSED: \$ _____

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

Name of Card Holder: _____ Billing Address: _____