



816 Grandview Ave. ~ Pittsburgh, Pa 15211 ~ (412) 381-5024 ~ www.elitecheerleading.com

Coach's Name: _____

Coach's Home Address: _____

Coach's Home Phone: (____) _____ Coach's Work Phone: (____) _____

Coach's Cell Phone: (____) _____

Coach's E-mail Address: _____

Name of School: _____

School Address: _____

School Phone:(____) _____ School Fax:(____) _____

Billing Address (if different than home address): _____

Approximate Number of Students Who Will Attend Camp: _____

2 Full Days _____ 3 Full Days _____ 3 Super Sessions _____
(AM or PM) (Four hours each day)

Choreography Camp (3 Full Days) _____

Four and five day camps upon request.

WEEKS PREFERRED: (Example – Week of June 10, 2019)

Please be as flexible as possible.

First Choice Date: _____

Second Choice Date: _____

FOR OFFICE USE ONLY

Dates Given: _____

Initial and Date: _____