



816 Grandview Ave. ~ Pittsburgh, Pa 15211 ~ 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 \_\_\_\_ x \_\_\_\_  
(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 15, 2022)  
Please be as flexible as possible.

First Choice Date: \_\_\_\_\_

Second Choice Date: \_\_\_\_\_

FOR OFFICE USE ONLY  
Dates Given: \_\_\_\_\_  
Initial and Date: \_\_\_\_\_