

ELITE™ CHEERLEADING

816 Grandview Avenue ~ Pittsburgh, Pa 15211 ~ (412) 381-3024 ~ www.elitecheerleading.com

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CAMP CURRICULUM CONFIRMATION FORM:

NAME OF SCHOOL _____ SCHOOL PHONE # () _____

ADDRESS OF SCHOOL _____

CITY STATE ZIP CODE

TOWN SCHOOL IS LOCATED _____

NAME OF COACH _____ HOME PHONE # () _____

HOME ADDRESS _____

CITY STATE ZIP CODE

WORK PHONE # () _____ CELLULAR PHONE # () _____

CLINIC DATES _____ E-MAIL ADDRESS _____

SCHEDULED TIME _____ # OF STUDENTS _____ # OF TEAMS _____

Please Check: Elem _____ Middle _____ Jr. High _____ J.V. _____ V. _____ College _____ **Please Check One**
Cheer _____ Dance _____

Recreational _____ Indicate Ages _____ All Star _____ Indicate Level _____

LOCATION OF CLINIC: (Indicate building or area) _____

PHONE # IF OTHER THAN SCHOOL () _____

PLEASE SUGGEST AN AFFORDABLE MOTEL/HOTEL: (EXAMPLE: MOTEL 6)

NAME _____ **PHONE # ()** _____

PLEASE ATTACH COMPLETE DIRECTIONS FROM PITTSBURGH, PA TO YOUR SCHOOL OR THE SITE WHERE YOUR CAMP WILL BE CONDUCTED

CHECK THE AREAS YOU WISH TO CONCENTRATE ON:

Fundamentals _____ Cheers _____ Sidelines _____ Dance _____
Pom _____ Jumps _____ Partner Stunts _____ **Indicate Beg** _____ **Int** _____ **Adv** _____
Pyramids _____ Indicate Height Limit _____ All American _____
Safety and Spotting _____ Vocal/Facial Expression _____

LET US KNOW WHAT YOUR TOP PRIORITY AREA OR AREAS ARE:

COACH'S SIGNATURE: _____

NOTE: PLEASE SUPPLY A CD PLAYER FOR DAILY WARM-UP AND THE INSTRUCTION OF ROUTINES PERFORMED TO MUSIC. MATS SHOULD BE PROVIDED FOR THE INSTRUCTION OF PYRAMIDS AND PARTNER STUNTS.