



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, 2024)
Please be as flexible as possible.

First Choice Date: _____

Second Choice Date: _____

FOR OFFICE USE ONLY

Given: _____

Date: _____