

# ELITE<sup>TM</sup> CHEERLEADING

*America's Original Private Cheer Camp*

816 Grandview Ave. ~ Pittsburgh, Pa 15211 ~ [www.elitecheerleading.com](http://www.elitecheerleading.com)

## Summer Camp Contract

\_\_\_\_\_  
Name of School/Organization

\_\_\_\_\_  
Coach/Advisor Name

\_\_\_\_\_  
Camp Date

### Please review the following information

- 1) Attached is your invoice. Included on your invoice you will see the number of students times the price per student (minimum fees are implemented appropriately). Please submit a copy of the invoice with your payments. **PLEASE ADHERE TO THE DUE DATES.**
- 2) **Your contract should be signed by the appropriate administrator.** Please return this contract with your deposit. Deposits are non-refundable. All refund requests should be submitted in letter form or by email. Refunds will be issued up to 2 weeks prior to the camp date less the deposit. All refunds will be made payable to the school/organization.
- 3) The medical waiver form is to be completed by each participant and given to their instructor on the first day of the camp. (NO ONE CAN PARTICIPATE WITHOUT A COMPLETED WAIVER FORM SUBMITTED. (Please duplicate it as needed.)
- 4) Your completed confirmation form is essential to our efforts to successfully service your squad. **THIS FORM IS TO BE COMPLETED AND SENT TO OUR OFFICE AS SOON AS POSSIBLE.** Be sure to include directions to your school from the closest major interstate or highway within your state.
- 5) **IF YOU ARE SCHEDULING A CHOREOGRAPHY CAMP, PLEASE NOTE THAT THE INFORMATION SHEET AND MUSIC ARE DUE 1 MONTH PRIOR TO YOUR SCHEDULED CAMP DATE.**
- 6) Schools participating **IN EXPRESS CAMPS ARE REQUIRED TO PROVIDE HOUSING THE NIGHT PRIOR TO YOUR SCHEDULED CAMP DATE.** Please complete the housing form and return upon receipt of this packet

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**Elite Cheerleading Inc.** will be conducting a private cheerleading camp

at \_\_\_\_\_ on \_\_\_\_\_.

**My approval has been given, and I authorize payment to Elite Cheerleading Inc.**

\_\_\_\_\_  
ADMINISTRATOR NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COACH

\_\_\_\_\_  
DATE