

A.C.T. CAMP REGISTRATION FORM

ADDITIONAL REGISTRATION INFORMATION

- Select the camp you wish to attend and follow registration instruction for your chosen location.
- The camp fee is listed by each camp location. A \$30.00 non-refundable deposit is required to reserve your space at camp.
- There is LIMITED space available for each camp. In the event the camp is not full on the day the camp begins, there will be an open registration from 8:30am – 9:00am.
- Please send check or money order (no cash).
- The balance of the camp fee will be due at check in on the first day of camp.
- A cancelled check confirms your registration. There will be a \$25.00 charge for any returned check.

INDIVIDUAL REGISTRATION

Name of Camp (s): FLORENCE (Checks payable to ACT)

Date (s): _____

Parent's Name: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Name of Participants:

1: _____ Age: _____

2: _____ Age: _____

3: _____ Age: _____

TOTAL ENCLOSED: \$ _____

TEAM REGISTRATION

Check one:

Varsity Jr. Varsity B-Team Jr. High Elementary

Date (s): _____

School: _____

School Phone: _____

School Address: _____

City: _____ State: _____ Zip: _____

Coaches Name: _____

Home Phone: _____

Email Address: _____

Coach's Home Address: _____

City: _____ State: _____ Zip: _____

Number of Cheerleaders Attending: _____

Number of Coaches Attending: _____

Amount Enclosed: _____

(\$30 non-refundable deposit per camper is due to secure camp dates. Balance is due 30 days prior to camp)

TOTAL ENCLOSED: \$ _____

(Return this form with your deposit)