

2010 AYC / UCA Camps & Clinics Registration Form



Organization Hosting: (i.e. Chicagoland AYC)

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Camp Dates Requested:

1 st Choice Date:	
2 nd Choice Date:	
Coaches' Clinic?	

Camp Location: (Can be outdoors, but must have indoor facility in case of inclement weather)

Location Name	
Address	
City / State / Zip	
Phone	

Contact Person for Camp:

Contact Name	
Address	
City / State / Zip	
Phone #(s)	
Email	

Team(s) Attending this Camp:

	Program Name	Total # of cheerleaders	Total # of coaches	Squad(s) attending from group
Team 1:				
Team 2:				
Team 3:				
Team 4:				

Local Hotel Recommendation for UCA Staff:

Hotel Name:	Phone:
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