

BETHEL COLLEGE CHEERLEADING PROGRAM PRIVATE SUMMER CAMP REGISTRATION FORM

SCHOOL INFORMATION:

Tryout Date: _____

Customer/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CONTACT INFORMATION:

Coach Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Cell Phone: _____ Alt. Phone: _____

Email: _____

CAMP INFORMATION:

Squad Type (Middle or High School, JV, Varsity, Co-Ed): _____

Female Participants: # _____

Male Participants: # _____

Total Participants: # _____

Interested in 1-day, 2-day, or 3-day camp? _____

What dates are you desiring? _____

Please, fill out and send this completed registration form to:

**Bethel College Cheerleading
Attn: Rebecca Bunton
1001 Bethel Circle
Mishawaka, IN 46545-5591**