



August 5-8, 2010 Sheraton Suites, Pomona Fairplex

Enrollment Form (Please print or type)

School/Team: _____ Date: _____
 School Address: _____ City/Zip: _____
 Phone: () _____ Fax: () _____
 E-Mail: _____

CAMP ONLY – DEADLINE: JUNE 15, 2010 FOR AUGUST CAMP; LATE FEE - \$20.00 PER PERSON

How to enroll: Fill out this form and mail along with \$100.00 deposit per person. Make the school check, payable to SHARP. **Personal, Business, Studio, Gym, Money Order or Cashier's checks will not be accepted at anytime.** (Group all payments into one check if possible.) Balance of camp tuition may be paid in advance of camp date by school check, Visa/Master Credit Card, or on Registration day in cash only. **FREE SHIRT AT CAMP IF BALANCE IS PAID BY JULY 15th.**

Refunds: NO REFUNDS for Cancellations

Category	# of People	Please highlight group level & type below					\$100 deposit per person
Dance		Beginning	Intermediate	Advanced	Team	Solo	
Short Flag		Beginning	Intermediate	Advanced	Team	Solo	
Songleading		Beginning	Intermediate	Advanced	Team	Solo	
Cheerleading		Beginning	Intermediate	Advanced	Team	Solo	
Drill Team		Beginning	Intermediate	Advanced	Team	Solo	
Tall Flag		Beginning	Intermediate	Advanced	Team	Solo	
Colorguard		Beginning	Intermediate	Advanced	Team	Solo	
Majorette		Beginning	Intermediate	Advanced	Team	Solo	
Banner		Beginning	Intermediate	Advanced	Team	Solo	
Advisor		ADVISOR ATTENDS FREE WITH 12 or MORE STUDENTS					
Total Enclosed						\$	

- 1 day camp \$45.00 (instruction only – meals not included)
- 2 day & 1 night camp \$200.00 3 day & 2 night camp \$255.00
- 4 day & 3 night camp \$320.00** Leadership 3day & 2 night camp \$275.00
- Chaperone Fee \$70.00 per night (August 2-4; Includes Leadership Manual)
- (Includes lodging and breakfast only)

(2, 3 and 4 day camps include food, lodging and all instruction)
 Meals - \$10.00 per meal/per person
 (Lunch \$10 – Dinner \$10)

Names of students (6 students per 2 room suite) Students will be housed in order listed.

1. _____	M	F	6. _____	M	F
2. _____	M	F	7. _____	M	F
3. _____	M	F	8. _____	M	F
4. _____	M	F	9. _____	M	F
5. _____	M	F	10. _____	M	F

(This form may be duplicated for additional names.)

Total Resident Students \$ _____
 Total Non-Resident Students \$ _____

CAMP REGISTRATION

DAY CAMP REGISTRATION

Person to receive correspondence and forms:

Name: _____ Address: _____
 City/Zip: _____ Fax: () _____
 Phone number: () _____ Email address: _____

Counselor Application: I would like to apply for a counseling position

Mail this form to:
 Sharp
 P.O. Box 581
 Temple City, CA 91780

