



CHEERLEADING CAMP REGISTRATION FORM



Church Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone: _____ Fax Number: _____

Contact Name: _____ Position: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Estimated Number of Participants: _____	
<input type="checkbox"/> Impact Participant	<input type="checkbox"/> Non-Impact Participant

CHOICE OF DATES

1st Choice: _____

2nd Choice: _____

3 DAY CAMP		5 DAY CAMP	
	Not Available		9:00 am to 12 noon
	9:00 am to 3:00 pm		9:00 am to 3:00 pm

(Please check which camp you desire)

Return this form via fax to 866-376-6484 to reserve your camp today!

Please call 678-985-3152 to confirm receipt of your fax.

Once we have received your registration form, we will send you a confirmation packet which contains your confirmed date and all the details of your camp.



