



Valentines
Theme!

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Augustana Youth Cheerleading Camp
Registration Form

For ages 5 – 12 years old

CLINIC: Saturday, February 13th, 2010, 8:30am -12:30pm
(*REGISTRATION: Saturday, February 13th, 2010, 8:00am -8:30am*)

PERFORMANCE: Sat., February 13th, 2010 during half time of Augustana Women's
Basketball game (approximately 5:30pm).
Girls will need to arrive at 4:30pm to warm-up.

Child's name _____ Grade _____ Date of birth _____

Parent/Guardian _____ Home Phone # _____
Cell Phone# _____

Address _____ City _____ State _____

Email Address _____

Emergency contact _____ Home Phone # _____

Relationship to child _____ Cell phone # _____

Allergies & Medications _____

Please circle the size of T-shirt you want for the Youth Cheer Camp T-shirt:

Youth-S Youth-M Youth-L Youth-XL

How did you find out about the cheer clinic: _____

Payment is due *with registration form*. Please make checks payable (\$25.00) to "Augustana Cheer"
and send check and this registration form to:

Sally Sheley
Augustana Cheer Advisor
5600 W. Dardanella Rd.
Sioux Falls, SD 57106