

REGISTRATION AND TEAM LIST
PLEASE SUBMIT WITH DEPOSITS TO:
ACE, 100 SPRINGDALE RD, A3, #186
CHERRY HILL, NJ 08003

PHONE: 888-TEAM-XPRS FAX: 856-767-4252
E-MAIL: XPRS@AMERICANCHEER.COM

TEAM NAME: _____ LEVEL: _____ REGISTRATION DATE: _____

SCHOOL/ORGANIZATION: _____ ADDRESS: _____

NAME OF CAMP: _____ DATES: _____ CITY ST ZIP

PLEASE PRINT NAMES OF PARTICIPANTS

1. _____ 13. _____
2. _____ 14. _____
3. _____ 15. _____
4. _____ 16. _____
5. _____ 17. _____
6. _____ 18. _____
7. _____ 19. _____
8. _____ 20. _____
9. _____ 21. _____
10. _____ 22. _____
11. _____ 25. _____
12. _____ 26. _____

TOTAL # COACHES: _____ @ \$45 = \$ _____ (AT PRIVATE AND YOUTH CAMPS, COACH OF PARTICIPATING TEAM IS FREE)

TOTAL # CHEERLEADERS: _____ @ \$45 = \$ _____

TOTAL DEPOSITS: \$ _____ MAKE CHECK PAYABLE TO **ACE**, ONE CHECK/ MONEY ORDER ONLY

MASTER CARD/VISA: NAME ON CARD: _____ CARD #: _____

EXPIRATION DATE: 00/00/YYYY ____/____/____ AMOUNT OF CHARGE: \$ _____

COACH/CONTACT PERSON: Campers must be accompanied by coach/chaperone(s) age 21 or older

NAME _____ STREET ADDRESS _____

(____) _____
HOME PHONE _____ CITY STATE ZIP

(____) _____
WORK PHONE _____ E-MAIL _____