

# Sierra Spirit Cheerleading Camp Registration

Mail this form with payment enclosed to our billing address at: P.O. Box 8009, Reno, NV. 89507

Today's date \_\_\_\_\_ Camp Date \_\_\_\_\_

Athletes Name \_\_\_\_\_ Age \_\_\_\_\_

Parents/Legal Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Needs/Allergies \_\_\_\_\_

How did you hear of us? TV, Flier, Internet, Referral? \_\_\_\_\_

Amount Due \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

MC / Visa # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing address \_\_\_\_\_

Signature \_\_\_\_\_