

Varsity Brands At Camp Registration

Dorm Participant Cost:	\$ _____	Dorm Participants:	_____
Dorm Advisor Cost:	\$ _____	Dorm Advisors:	_____
Commuter Participant Cost:	\$ _____	Commuter Participants:	_____
Commuter Advisor Cost:	\$ _____	Commuter Advisor:	_____
		Total Med Forms	_____

Camp Code: _____

Camp Name: _____

Camp Dates: _____

Camp Week: _____

School Name Registering: _____

School Address, Line 1: _____

School Address, Line 2: _____

School City, State, Zip: _____

School Phone: _____

Contact Name: _____

Contact Address, Line 1: _____

Contact Address, Line 2: _____

Contact City, State, Zip: _____

Contact Phone (day / evening): _____

Contact E-Mail: _____

Squad Class: _____ Squad Type: _____ Squad Group: _____

	Dorm	Commuter	Total	
Female Participants	_____	_____	_____	Total Tuition: \$ _____
Female Mascots	_____	_____	_____	Insurance \$ _____
Male Participants	_____	_____	_____	
Male Mascots	_____	_____	_____	Total Paid: \$ _____
Female Advisors	_____	_____	_____	
Male Advisors	_____	_____	_____	

I realize the numbers above are used for billing and are accurate. I understand I must pay any balance resulting from this information in full at camp.
