



2009 CAMP REGISTRATION FORM

CONTACT INFORMATION

Organization Name _____

Organization Address _____

Organization City / State / Zip _____
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Organization Phone _____

Contact Person _____

Home Address _____

Home City / State / Zip _____
()

Home Phone _____
()

Work Phone _____
()

Fax Number _____
()

Cell Phone _____

E-mail address _____

Alternate Contact _____
()

Alternate Contact Phone _____

Recruited By _____

REGISTRATION INFORMATION & POLICIES

- A \$30 nonrefundable deposit per athlete or full payment is required at time of registration.
- We cannot accept Purchase Orders for deposits.
- If you pay by check, send ONE check or money order (no cash) payable to COA, LLC. Registrations will be delayed if you send separate checks.
- Fill out the Credit Card Authorization Form if you are paying by Credit Card.
- A 3% administrative fee will be added to all registration fees if using a credit card for payment. This fee will be waived if using cash, check, or money order.
- COA only accepts the following forms of payment: Cash, Credit Card (AMEX, Visa, Mastercard, Discover), Certified Check, Money Order, or School Check. No personal, booster, or gym checks will be accepted.
- Balance of camp fees must be paid at least 2 weeks **prior** to your camp.
- A \$200 late fee will be assessed for Private Camps if final balance is received after the designated due date.
- Resident Camp Early Registration Fees are only valid if the registration and deposit are received by May 1, 2009. Resident Camp On Time Registration Fees are only valid if the Registration Form and deposit are received by the designated On Time Registration due date. All subsequent registrations will be charged the Resident Camp Late Registration Fee.
- A COA Representative will contact you by email or phone after your registration is received.
- Deposits or Full Payment must be submitted with your registration.
- Registrations will not be confirmed until deposits have been received.
- Camp dates are scheduled on a first come, first served basis; your first choice of dates may not be available.
- Private Camps earn JAM Rewards at the rate of .25 points per dollar spent. Resident Camps are not eligible for JAM Rewards.

EXPRESS REGISTRATION

Private Camps scheduled to take place within 4 weeks of receipt of registration will be assessed an express registration fee of \$200. Full payment is required at time of registration. Camp dates are scheduled on a first come, first served basis; your first choice of dates may not be available.

POLICY AGREEMENT (PLEASE SIGN)

Policy Agreement must be signed before your registration will be processed.

I, _____
have read COA's rules and policies in their entirety. I understand I am financially responsible for this entire registration. I agree to abide by the rules and policies stated. If my telephone number is placed on the National Do Not Call Registry, I grant COA, LLC. permission to call me at the phone numbers listed herein.

MAIL OR FAX TO:

COA Camps
3699 Paragon Drive
Columbus, Ohio 43228
Fax 614.921.2079
Phone 1.800.252.4337

Do not mail your registration if you register by phone or fax.

TYPE OF CAMP

- The Ohio State University Resident Camp - Session I Private Cheer Skills
 The Ohio State University Resident Camp - Session II Private Cheer Traditional
 Wittenberg University Resident Camp Private Cheer Recreation & Youth

CAMPS AS LOW AS \$55!

RESIDENT CAMPS*

# of Complimentary Coaches**	<input type="text"/>	X Price	<input type="text"/>	=	<input type="text"/>
# of Paying Resident Coaches	<input type="text"/>	X Price	<input type="text"/>	=	<input type="text"/>
# of Paying Commuter Coaches	<input type="text"/>	X Price	<input type="text"/>	=	<input type="text"/>
# of Resident Athletes	<input type="text"/>	X Price	<input type="text"/>	=	<input type="text"/>
# of Commuter Athletes	<input type="text"/>	X Price	<input type="text"/>	=	<input type="text"/>
					Total Due <input type="text"/>

*A \$30 Deposit per athlete is due with Registration.
**One complimentary coach fee for every 12 paid-in-full athlete camp fees

PRIVATE CAMPS*

1/2 Day:	<input type="text"/>	# of Athletes X	\$30	=	<input type="text"/>
1 Day:	<input type="text"/>	# of Athletes X	\$55	=	<input type="text"/>
2 Day:	<input type="text"/>	# of Athletes X	\$85	=	<input type="text"/>
3 Day:	<input type="text"/>	# of Athletes X	\$110	=	<input type="text"/>
4 Day:	<input type="text"/>	# of Athletes X	\$125	=	<input type="text"/>
					Total Due <input type="text"/>

*A \$30 Deposit per athlete is due with Registration.

ADD ON OPTIONS

# of Camp Material DVDs	<input type="text"/>	X	TBA	=	<input type="text"/>
# of Coach/Advisor Handbooks*	<input type="text"/>	X	\$30	=	<input type="text"/>
Private Camp Extra Instructor	<input type="text"/>	X	\$750	=	<input type="text"/>
Express Registration Fee	<input type="text"/>	X	\$200	=	<input type="text"/>
					Total Due <input type="text"/>

OFFICE USE ONLY

Type	Date	Initials	Approval Code
_____	_____	_____	_____
If Credit Card: Amount of Purchase	3% Fee Amount	Grand Total	
_____	_____	_____	



2009 CAMP REGISTRATION FORM

TYPE OF TEAM(S) (Check all that apply)

- | | | |
|---|--|-----------------------------|
| <input type="checkbox"/> All Star USASF Level 1 | <input type="checkbox"/> School/Recreation | # of Teams: _____ |
| <input type="checkbox"/> All Star USASF Level 2 | <input type="checkbox"/> 6th Grade and Under | |
| <input type="checkbox"/> All Star USASF Level 3 | <input type="checkbox"/> 7th Grade - 8th Grade | # of Female Athletes: _____ |
| <input type="checkbox"/> All Star USASF Level 4 | <input type="checkbox"/> Freshman/Junior Varsity | |
| <input type="checkbox"/> All Star USASF Level 5 | <input type="checkbox"/> Varsity | # of Male Athletes: _____ |
| <input type="checkbox"/> All Star USASF Level 6 | <input type="checkbox"/> College | |
| <input type="checkbox"/> Mount | <input type="checkbox"/> All Girl | # of Coaches: _____ |
| <input type="checkbox"/> Non Mount | <input type="checkbox"/> Coed | |

TEAM INFORMATION

Does your team compete?

- Yes No

What are your team colors and mascot?

Please list all events/games that your team performs for:

List any other comments you would like to express to your Instructors:

EXPECTATIONS (PRIVATE CAMPS ONLY)

What do you want your team to gain most from Camp?

What style is your team interested in learning?

- Performance Traditional Combination of Both

Do you want to be evaluated on a daily basis?

- Yes No

Do you want sessions in Game Day Curriculum taught?

- Yes No

Are you interested in your team qualifying for COA Dream Team (Bowl Game Performance Opportunity)?

- Yes No

Do you want sessions in Team Building Curriculum taught?

- Yes No

Do you want to have FUN DAY at your camp?

- Yes No

PRIVATE CAMP INFORMATION

Facility Where Camp Will Be Held

Facility Address

Facility City / State / Zip

First Choice Camp Dates*

Second Choice Camp Dates*

Third Choice Camp Dates*

Specific Requests: (Instructor Name, Male, Female, Etc.)

Specific Requests: (Instructor Name, Male, Female, Etc.)

Specific Requests: (Instructor Name, Male, Female, Etc.)

PRIVATE CAMP HOTEL INFORMATION

National Discount Hotel Name #1

Hotel Address

Hotel City / State / Zip

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Hotel Phone

Approximate Distance from Camp Facility (in Miles)

National Discount Hotel Name #2

Hotel Address

Hotel City / State / Zip

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Hotel Phone

Approximate Distance from Camp Facility (in Miles)

