MCCA FALL CLINIC RESGISTRATION FORM

SEPTEMBER 16 2006

PRE-REGISTRATION ONLY. NO REFUNDS. PLEASE USE ONLY ONE REGISTRATION FORM PER COACH.
PLEASE COPY REGISTRATION FORM AS NEEDED.
REGISTRATIONS POSTMARKED AFTER SEPTEMBER 8, 2006 WILL BE ASSESSED A $50.00 LATE FEE.
LATE REGISTRATIONS POSTMARKED ON OR AFTER SEPTEMBER 11, 2006 WILL NOT BE ACCEPTED.

Coach's Name: _____

Address: _____ Apt. or Box #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: ( )

Work Phone: ( )

E-mail: _____

School Name: _____ School Phone: _____

NOTE: Participating Coach MUST be a CURRENT MCCA Member through Sept. 2006
Contact Candy Cox, 517-278-6317, if you have membership questions

Current Membership Expiration Date: _____

*New Member/Renewal Fee: 1 yr @ $35.00 = _____

2 yrs @ $55.00 = _____

*New members please include application with registration
(http://www.cheermcca.org/pdf/membership-brouchure.pdf)

Number of Cheerleaders Attending Per Team

_____ Junior High @ $15 per cheerleader = _____

_____ Freshman @ $15 per cheerleader = _____

_____ J.V. @ $15 per cheerleader = _____

_____ Varsity @ $15 per cheerleader = _____

LATE FEE @$50.00 = _____
(for registrations postmarked after September 8, 2006)

TOTAL ENCLOSED: = _____
(registrations postmarked after September 11, 2006 will not be accepted)

We plan to (**circle one**): Bring lunch Purchase lunch on site

Teams will be grouped according to stunting ability. Please check the appropriate level for your team. Michigan Spirit staff will check to see that each team can master the requirements for each level.

	Stunting Level	Requirements
_____	Beginning	Majority of the team has little to no stunting experience
_____	Intermediate	All team members can execute a solid elevator with an arch cradle
_____	Advanced	All team members can execute a solid extension with an arch cradle

PRE-REGISTRATION ONLY

REGISTRATION DEADLINE:
September 8, 2006

Please Make ONE Check or Money Order PER SCHOOL payable to :

MCCA

(NO CASH BY MAIL)

Mail Registration Form & Payment to:

MCCA Fall Clinic
635 Dayburg Rd
Quincy, MI 49082

Registration questions may be directed to:

Karen Powers
kepowers48021@yahoo.com
513-376-0004