2010 WSU COLLEGE PREP CLINIC

HOW TO REGISTER

1. Read the registration information in its entirety
2. Collect **$25** per person
3. Payment must be submitted with registration form. If you are paying with a check, make one check or money order (no cash) payable to WSU Spirit Unit. Registrations will be delayed if separate checks are sent. A $25 returned check fee will be charged for each insufficient check. Payment must be resubmitted with a credit card or cashier's check only.
4. We accept Visa, MasterCard, Discover. You may fax or mail your registration form if paying by credit or check.
5. Registration forms must reach our office by **April 12, 2010.**
6. Complete all sections of this registration that apply. Registrations will not be processed unless all information is accurate, legible and complete in full. Please **PRINT** all information.
7. We will e-mail a confirmation to your attention. Please provide an email address or your confirmation will not be forwarded to you. You must cancel by 5:00 PM EST ten days prior to the camp to receive a refund. An administrative fee of $15 will be accessed. **NO REFUNDS** after **April 12, 2010**. You will receive credit to a future camp or clinic event.
8. If registration is not submitted by the deadline, there is **NO** guarantee that your t-shirt(s) will be available at the event.
9. Email questions to Spirit Coordinator at wsucheerdanz@wright.edu
10. **T-SHIRTS SIZES** (**Complimentary** for participants only) **NO** additional screen printing will be available after the event.

Check the appropriate clinic:

_____ Cheerleader _____ Dancer

CONTACT INFORMATION

_____
Name of Team or Individual

_____
Team or Individual's Hometown and State

_____
Name on contact person

_____
Home address of contact person

_____
City/State/Zip

(____)_____(____)_____
Home PhoneWork Phone

(____)_____
Fax Number Email Address

**** Emailed address is REQUIRED!!**

CAMP FACILITY: ERVIN J. NUTTER CENTER MCLIN GYMS

POLICY AGREEMENT

PLEASE SIGN NAME

I,_____

Have read this form in its entirety. I understand and agree to abide the policies stated. If my telephone number is placed on the National Do Not Call Registry, I grant WSU permission to call me at the phone numbers listed herein.

MAIL OR FAX TO

WSU COLLEGE PREP CLINIC
APRIL 25, 2010
ATTENTION: SPIRIT COORDINATOR
3640 COLONEL GLENN HWY.
DAYTON, OH 45435
937-775-7281 FAX 937-775-2368

CALCULATION OF REGISTRATION PAYMENT

Place quantity with the appropriate t-shirt size

____ AS ____ AM ____AL ____ AXL

	Quantity		Clinic Fee		Total
Total # of Participants		X	$ 25.00	=	$
			Total Enclosed	=	$

Registration Deadline April 12, 2010

METHOD OF PAYMENT

☐ Check or money order enclosed in the amount of_____
☐ Credit Card (Visa / Master Card / Discover)
☐ Debit Card / Check Card

_____
Card Number Exp. Date

_____
Address of Cardholder (if different than contact person)

_____
City/ State / Zip

WRIGHT CHEER & DANCE STATE

I, _____authorize WSU to charge my credit card in the amount of $ _____.00
(Please Print)

VISA MasterCard DISCOVER

_____
Cardholder's Signature