

Arizona CheerFest 2010

Participant Registration Form

August 29, 2010 Clinic: **Registration Due AUGUST 19, 2010**
September 12, 2010 Clinic: **Registration Due SEPTEMBER 10, 2010**

Please send this form, waiver, and participant fee to:
UA Cheerleaders & Mascots, McKale Memorial Center
1 National Championship Dr., # N301
Tucson, AZ 85721-0096
Or fax to (520) 621-8109

(Please print)

Full Legal Name: _____

Date of Birth: _____

Parent(s) Name(s): _____

Parent Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____

School Currently Attending: _____

Current Team/Gym Name (if applicable): _____

Year or Grade in School: _____ Current Age: _____

Female _____ Male _____

PARTICIPANT FEE - (Includes Event T-shirt, Clinic, Arizona vs. California Game Ticket, and Halftime Performance DVD)

*Check all that apply

_____ Individual Participant- \$60.00

_____ Participating with Team (10 or more)- \$50.00 Team Name _____

_____ Attending August 29, 2010 Clinic

_____ Attending September 10, 2010 Clinic

Participant T-Shirt Size: YS: _____ YM: _____ YL: _____ Adult S: _____

Adult M: _____ Adult L: _____

OPTIONAL FAMILY TICKETS- \$15.00

Number of Tickets _____ X \$15.00= _____

Total Amount Due: _____

Checks can be made payable to The University of Arizona Cheerleaders & Mascots Program. Cash, Visa or Mastercard is also accepted.

CASH _____ CHECK _____ VISA _____ MASTERCARD _____

Card Holder's Name: _____

Card Number: _____

Phone Number associated with card billing: _____

Expiration Date: _____

Card Holder's Signature:
