



University of Delaware Cheerleading Prep Clinic Registration

Please print this form and mail to the address shown below. Registration is fulfilled on a first come/first serve basis.

Date of clinic: October 18th, 2009

Participant's Name: _____ Sex: M ___ F ___

Home Address: _____

Email Address: _____

Home Phone: _____

Age: ___ Date of Birth: _____ Year graduating: _____
Parent/Guardian Name(s): _____

Insurance Company: _____ Policy Number: _____
Emergency Contact: _____ Emergency Phone: _____

High School Attended: _____
High School Address: _____

Coach/advisor name: _____
College(s) of choice:
1st _____
2nd _____
3rd _____

Price [\$80.00]

Amount enclosed: _____ **CHECKS ONLY** -- please do not send cash

Make checks payable to **Univ. of Delaware** and mail to:

Ben Schreiber 159A
Carpenter Sports Building
Newark, DE 19716