



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: March 22nd, 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 [\$75.00]

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