



# HALFTIME CHOREOGRAPHY

## 1. Choose your location:

- SoCo Facility     Your School/Facility (Address: \_\_\_\_\_)

## 2. Choose your squads routine length:

- 30 sec. Routine (Includes 3 hrs w/ SoCo Coach) / PRICE = \$500 (Over 12 athletes = add. \$50 per athlete)
- 1 min. Routine (Includes 6 hrs w/ SoCo Coach) / PRICE = \$950 (Over 12 athletes = add. \$75 per athlete)
- 1.5 min. Routine (Includes 7 hrs w/ SoCo Coach) / PRICE = \$1,250 (Over 12 athletes = add. \$100 per athlete)
- 2 min. Routine (Includes 8 hrs w/ SoCo Coach) / PRICE = \$1,650 (Over 12 athletes = add. \$125 per athlete)
- 2.5 min. Routine (Includes 9 hrs w/ SoCo Coach) / PRICE = \$1,950 (Over 12 athletes = add. \$150 per athlete)
- (CUSTOM) Duration: \_\_\_\_\_ min. (Includes \_\_\_\_\_ hrs w/ SoCo Coach) / Price: \$\_\_\_\_\_

\*Please note that routines will be complete, but not perfected. Each above package will include 8 count sheets & a routine video for your squad to utilize after your time at SoCo has ended. If you would like additional hours to perfect routine, you will need to fill out the pro-rated floor rental form. You can request this form at the SoCo front desk.

## 3. Decide if your squad will need licensed music:

- Yes (\$70 - \$130)     No (We are using previously purchased licensed music)

## 4. Choose your choreography dates & times:

List Requested Dates:

Total Days of Choreo: \_\_\_\_\_

1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ 3. \_\_\_/\_\_\_/\_\_\_ 4. \_\_\_/\_\_\_/\_\_\_ 5. \_\_\_/\_\_\_/\_\_\_ 6. \_\_\_/\_\_\_/\_\_\_

Time #1: \_\_\_:\_\_\_ AM / PM to \_\_\_:\_\_\_ AM / PM

Time #2: \_\_\_:\_\_\_ AM / PM to \_\_\_:\_\_\_ AM / PM

## 5. Additional information:

★ The coach/sponsor must review, sign, & turn in the event policies form before the private tumbling class in approved.

## 5. Fill out your squad information below:

- ★ SCHOOL NAME: \_\_\_\_\_ ★ ATHLETES AGE/GRADE: \_\_\_\_\_
- ★ # OF ATHLETES: \_\_\_\_\_ ★ COACH/ SPONSOR NAME(S): \_\_\_\_\_
- ★ CONTACT INFO (PHONE # & EMAIL): \_\_\_\_\_

## 7. SUBMIT COMPLETED FORM TO: [CHEER@SOUTHCOUNTYSPORTS.COM](mailto:CHEER@SOUTHCOUNTYSPORTS.COM)

### STAFF USE ONLY

- APPROVED     DENIED    COST PROPOSAL: \_\_\_\_\_    SCHOOL NOTIFIED (DATE): \_\_\_/\_\_\_/\_\_\_
- COACH 1: \_\_\_\_\_    COACH 2: \_\_\_\_\_