



SCHOOL SKILLS CAMP

1. Choose the number of days your squad wants to have camp:

- 1 DAY** (\$25 per athlete) **2 DAY** (\$50 per athlete) **3 DAY** (\$75 per athlete)

2. List your requested dates (please list a few extra dates):

1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___ 6. ___/___/___

3. List a few times (3 hour durations) that your squad would be available on the dates above:

Time #1: ___:___ AM / PM to ___:___ AM / PM

Time #2: ___:___ AM / PM to ___:___ AM / PM

Time #3: ___:___ AM / PM to ___:___ AM / PM

Time #4: ___:___ AM / PM to ___:___ AM / PM

4. Select the skills you want your squad to work on during their skills camp:

- SoCo Coach(es) Jump Technique & Drills Stunt Groups/ Pyramids Sideline Jump Sequences
 Sideline Tumbling Sequences Squad Spirit Current Material Review & Critiques

5. Let us know if you need any new material (*note additional fees will apply):

- New Sideline Material (Includes 5 chants) (Add. \$10 per athlete)

*Please connect w/ your SoCo coach (2) weeks prior to your 1st day of skills camp to review new material in advance.

6. Additional information:

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

7. Fill out your squad information below:

★ SCHOOL NAME: _____ ★ ATHLETES AGE/GRADE: _____

★ # OF ATHLETES: _____ ★ COACH/ SPONSOR NAME(S): _____

★ CONTACT INFO (PHONE # & EMAIL): _____

8. SUBMIT THIS COMPLETED FORM TO: CHEER@SOUTHCOUNTYSPTS.COM

STAFF USE ONLY

APPROVED DENIED COST PROPOSAL: _____ SCHOOL NOTIFIED (DATE): ___/___/___

COACH 1: _____ COACH 2: _____