



1. Pricing and what is included:

- ★ A team tumbling class is essentially a private class that will only be available to members of your team’s squad. The duration of a class is (1) hour.
★ SoCo requires a minimum of (8) athletes to open a team tumbling class.
★ The cost is \$70 per athlete per month. SoCo will waive the athlete’s \$35 annual membership fee.
★ SoCo will charge your athlete’s individual cheer accounts the monthly tuition cost. Your parents/guardians will then need to login to their account & pay themselves. Contact the SoCo office if you wish to discuss alternative payment options.

2. Choose your start date, end date, & day/time:

START Date: \_\_\_/\_\_\_/\_\_\_ END Date: \_\_\_/\_\_\_/\_\_\_ Total Days of Class: \_\_\_\_\_
Day (circle one): M / T / W / TH / F Time: \_\_\_:\_\_\_ AM / PM to \_\_\_:\_\_\_ AM / PM
1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ 3. \_\_\_/\_\_\_/\_\_\_ 4. \_\_\_/\_\_\_/\_\_\_ 5. \_\_\_/\_\_\_/\_\_\_ 6. \_\_\_/\_\_\_/\_\_\_
7. \_\_\_/\_\_\_/\_\_\_ 8. \_\_\_/\_\_\_/\_\_\_ 9. \_\_\_/\_\_\_/\_\_\_ 10. \_\_\_/\_\_\_/\_\_\_ 11. \_\_\_/\_\_\_/\_\_\_ 12. \_\_\_/\_\_\_/\_\_\_

3. Additional info:

- ★ The coach/sponsor must review, sign, & turn in the event policies form before the private tumbling class in approved.
★ Payment Addendum: The athlete’s monthly tuition will be charged to their individual cheer accounts & it is the responsibility of their parent/ guardian to pay the tuition. If any parents/guardians fail to pay their athlete’s tuition by the end date of the team tumbling class, the financial responsibility will then be transferred to the team’s coach/sponsor to pay. At that time the SoCo office will email the remaining balance invoice to the coach/sponsor.

4. Fill out your squad information below:

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

6. Notate any additional notes and/or special class agreements:

★ \_\_\_\_\_
\_\_\_\_\_

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

STAFF USE ONLY

APPROVED  DENIED

SCHOOL NOTIFIED (DATE): \_\_\_/\_\_\_/\_\_\_

COACH 1: \_\_\_\_\_

COACH 2: \_\_\_\_\_

COACH 3: \_\_\_\_\_