



LIGHT THE FIRE

HOME CAMP 2012

Follow these steps to secure your NCA Home Camp:

1 Select your desired camp dates and complete all sections of the Registration Form. Please submit three date requests in order of preference. You will be contacted by NCA as to which of your date choices is selected. Dates are TENTATIVE until the deposit is received.

2 Select your camp type:
Select a 2-day or 3-day format. Standard instruction is 9am to 4pm each day with a 1-hour lunch break (6 hours of instruction per day). **If you need a different length camp, contact your NCA State Director for more options!**

3 A registration deposit is not required now. A \$50 per person deposit will be due 45 days prior to camp and full payment is due no later than 3 weeks prior to camp. The deposit is non-refundable, unless we are unable to honor your camp date request.

Send payment to: FedEx or UPS Fax:
Overnight:

NCA Home Camps NCA Home Camps 972.840.4010
P.O. Box 660359 2010 Merritt Dr. or
Dallas, TX. 75266 Garland, TX. 75041 972.840.4054

4 NCA requires written notice of cancellation and/or adjustment of number of participants two weeks prior to camp, so that we may adjust Staff ratio when necessary. An increase in Staff will be based on availability. See "Cancellations/Refunds" section of Registration Form.

Hurry! Camp dates fill up fast!

NCA HOME CAMPS 2012

Phone, Fax, or Mail your registration in today!

Preferred Camp Dates:

Date confirmation is based on Instructor availability. An NCA Regional Staffing Director will call the contact person listed to confirm final date selection. Please provide a range of dates for faster service.

1st choice _____

2nd choice _____

3rd choice _____

Did you have an NCA home camp in 2011? Yes No

Name and Address of School/Organization:

School/Organization Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Contact Person to Receive Information:

*Make sure all information is applicable during the summer.

Name _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____

Day Phone () _____

Evening Phone () _____

Cell Phone () _____

Street address where camp supplies should be sent:

Contact or School/Organization

Please be sure that you will have access to this location during the summer and on weekends. Address cannot be a P.O. Box.

Cheer Team Information:

Indicate the number of students attending per squad type:

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Varsity | <input type="checkbox"/> Elementary | <input type="checkbox"/> Mascot** |
| <input type="checkbox"/> Jr. Varsity | <input type="checkbox"/> Jr. All-Star | |
| <input type="checkbox"/> Jr. High | <input type="checkbox"/> Sr. All-Star | |
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Youth All-Star* | |

*Home Camps are geared towards 6th-12th grade students.

Please let us know if you have students younger than 6th grade.

**Separate Instructors/materials will not be assigned for mascots.

Indicate special request or instructional areas that you would like emphasized:

For staffing purposes, please indicate the total number of males and total number of females attending. Males _____ Females _____

Your team's ability level: Beginner Intermediate Advanced

Hotel Information:

Please list one convenient, moderately priced hotel for our Instructor(s).

Hotel Name _____

Hotel Address _____

City/State _____

Phone _____

I am registering for: Traditional Build a Camp Stunt Camp

3 day camp:

1-9 Participants _____ = \$1,680

10 or more Participants \$168 x _____ = \$ _____

2 day camp:

1-9 Participants _____ = \$1,380

10 or more Participants \$138 x _____ = \$ _____

Coaches Resource Pack _____ X \$45 = \$ _____

(includes Curriculum CD and DVD, Coaches Manual, Coach Training DVD and Spirit Book)

*Note: 1 coach is required to register and to be with the team at all times during camp. If you indicate more than 1 above, then extra Coaches Resource Packs will be sent.

Total Tuition \$ _____

AMOUNT ENCLOSED \$ _____

Credit card payment:

Check one Visa MC AmEx Discover

Credit Card Number

Expiration Date _____ Charge Amount \$ _____

Cardholder Signature _____

Cardholder Phone () _____

CANCELLATIONS AND REFUNDS

Notice of cancellations and requests for refunds must be submitted in writing two weeks prior to camp and may be faxed to 972.840.4054 or emailed to NCAREGISTRATION@NATIONALSPIRIT.COM. Partial tuition refunds will not be issued to participants who check in at camp and leave early due to injury, illness, or disciplinary reasons. If cancellations are received between 45 and 21 days prior to camp, a \$50 per person fee will be billed/retained. If cancellations are received less than 21 days prior to camp, 50% of the tuition will be billed/retained. Please allow 6-8 weeks after the camp has ended to receive refunds.

I understand the policies as described above.

Signature: _____

If you have questions or need further information, please call 1.800.NCA.2WIN, or contact your NCA State Director or Varsity Apparel Rep.

Recruiter Name _____

Please send one check, money order, cashier's check or credit card number with your registration.
Please do not send cash or individual payments.

FOR OFFICE USE ONLY:	Date received: _____	Amount received: _____	PO Number: _____
	Camp Code: _____	Event Code: _____	Instructor(s): _____