



**A VARSITY BRAND**

# CTC SUMMER CAMP REGISTRATION FORM

**REGISTER BY FAX:**

1-352-376-0487

**REGISTER BY MAIL:**

ATTN: CTC Director  
118 NW 14TH AVENUE  
SUITE A  
GAINESVILLE, FL 32601

**REGISTER BY PHONE:**

1-800-462-8294 EXT 132

*Upon receipt of your information, we will check your requested dates to see if they are available. Once dates are confirmed, we will submit your camp packet by email or fax. A deposit of \$50 per camper is due 6 weeks before your camp date, along with your signed camp agreement to hold your dates.*

**TEAM INFORMATION**

TEAM NAME \_\_\_\_\_

TEAM ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

(       )

SCHOOL/TEAM PHONE \_\_\_\_\_

CONTACT EMAIL ADDRESS \*REQUIRED \_\_\_\_\_

**CONTACT INFORMATION**

CONTACT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

(       )

(       )

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

(       )

CONTACT FAX \_\_\_\_\_

**CAMP INFORMATION**

First choice of Camp Date(s) \_\_\_\_\_

Second Choice \_\_\_\_\_

**Type of Camp:**

Custom Home

Performance Ready

Choreography

Please indicate the type of Squad attending and the number of participants on each squad:

	<b>Participants</b>		<b>Participants</b>
<b>School</b>		<b>All-Star</b>	
Middle School	_____	Mini	_____
High School Freshman	_____	Youth	_____
High School JV	_____	Junior	_____
High School Varsity	_____	Senior	_____
Recreation	_____	Coed	_____