



Team Application Form

Team or School: _____ Team Name/Mascot: _____

Primary Contact Person: _____

Coach Student Parent Other

Email: _____

Phone: _____ Cell Phone: _____

Mailing Address (preferably NOT a school address for summer mailing)

Street _____

CITY: _____ PROV. _____ Postal Code: _____

Type of Team: School All-Star/Club/Association Other

Ability of team: Level 1-2 Level 2-3 Level 3-4 Level 4-5 Level 5+

*Note: Indicate Adult Coaches with "C" in the age column

ATHLETE Prices: Commuter: \$80 Commuter with Lunches: \$105 Resident: \$155

Adult Coach Prices: Commuter: \$55 Commuter with Lunches: \$80 Resident: \$130

'Adult' Coaches attend in the capacity as coach – not as "athlete coach"

	Name	Age/Gr	M/F	Commuter	Commuter With Lunch	Resident	Boot Camp	Deposit \$25
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Additional Names? -add page

Totals:

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Fax Registration form to: **519•668•7970**
THEN, Mail form and payment to PCA 325 Lighthouse Rd Unit 21, London On N6M 1H8
 Deposits and Payments payable to: Power Cheerleading Athletics (PCA) – ONE cheque per team please
 Credit Card Payments (Visa/Mastercard) Call: **1-800-567-7221**