

Spirit Xpress Private Camp Information Sheet - 2008

Name of School/Team _____ Camp Date _____

Number of Participants Attending _____ Coaches attend AT NO CHARGE!!!

School Address _____

City _____ State _____ Zip _____

School Phone _____ Email _____

School Colors _____ Mascot _____

Camp facility name and address
(if different from school) _____

Coach's name _____

Home address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Contact # on first day of camp (how can we get
in touch with you in case of emergency?) _____

Stunting Ability (Circle One) Beginner Intermediate Advanced

Team Stunts _____

Squad Strengths _____

Squad Weaknesses _____

What do you cheer for? Circle all: Basketball Football Soccer Wrestling Other _____

All camps include instruction on fundamental cheerleading skills. During your "custom curriculum" sessions, which areas of concentration would you like to focus on? Please rank 1-6 in order of importance. If you don't have a preference, leave this area blank.

Stunts _____ Tumbling _____ Jumps _____ Pyramids _____ Dance _____ Cheers/Chants _____

Camp Goals _____

Do you compete? (circle one) Yes No If Yes, where? _____

Any restrictions? (no basket tosses, gymnastics, etc.) _____

Spirit Xpress Cheerleading
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