USSA Camp Registration Form
Redefining the American Athlete™

Name: _____
Contact Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Alt. Phone:** _____
E-mail: _____ **Fax:** _____

Squad Type (one registration form per team):

School **Elem.** **Jr. High** **Frosh** **JV** **Coed** **Varsity** **Dance**
All Star **Pee-Wee** **Youth** **Junior** **Senior** **Coed** **Dance**

Choose your Camp:

Private Camp **Choreography Camp** **Custom Camp** **Complete Choice Camp** **Dance Camp**

Colors: _____ **Mascot:** _____

How many days? **3 Day** **4 Day** **5 Day** **6 Day**

First choice of camp dates: _____

Second Choice: _____

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Payment Procedure

_____ X _____ = _____
Camp Rate # of Participants Total Due

_____ X _____ = _____
$40 deposit per person # of Participants Total Deposit

_____ - _____ = _____
Total Due Total Deposit Balance

For Office Use Only:

_____ _____
Date Received Received By

_____ _____
Check Number Check Amount

_____ _____
Balance Balance Due

Phone: ***800.517.5661***
843.492.4069

Mail: ***USSA Summer Camps***
PO Box 3168
Murrells Inlet, SC 29675

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