

ACA Home Camp Registration 2011

THE SAME GREAT ACA MATERIAL... LET ACA COME TO YOU!!!!

Fax Registration form to:
1-972-235-2510

You will be invoiced for your deposit two weeks after we receive your registration form.

OR:
Mail Registration Form & Deposit to:

ACA Summer Camps,
5610 Exeter Dr.
Richardson, TX 75082

- COST: 3 Days:** \$152.00 per participant (\$1200 minimum) Coaches: Free
2 Days: \$132.00 per participant (\$1000 minimum) Coaches: Free
Call **1-866-324-9153** for more information.
- DEPOSIT:** \$50.00 per participant. There will be a tentative hold on your camp dates until your deposit is received. This fee will reserve your dates and will apply toward your tuition payment. Full payment for each participant may be included with the registration application if desired.
- Balance of tuition must be paid two weeks prior to your

camp. Registrations will be accepted on a first-come, first-served basis. You will be invoiced for your balance payment and will receive a confirmation by e-mail.

- Registration fee in the form of a check, money order, or school purchase order. **Make checks payable to ACA Home Camps.** We request that you send only one cashier's check or money order rather than separate checks for each individual member. If you should have any questions, please feel free to call **1-866-324-9153**.
- ACA Leadership Program will be taught at all home camps.**

All information (invoices, camp packets, schedules) are online in the ACA Camp Tracker. Your 8-digit customer number is needed to access.

DATES FOR HOME CAMP - List in order of preference.

1st Choice _____

2nd Choice _____

3rd Choice _____

HOST SCHOOL

Please complete all the information below if your school is hosting the home camp. (If your school is attending a camp being hosted by another school, list the host school name only below. **Then complete the squad registration information on the next column.**)

School Name (Camp Location) _____

Address _____

City _____ State _____ Zip _____

() ()

School Phone _____ Fax # _____

School E-mail Address _____

MUST BE COMPLETED:

Contact Name (return packet to) _____

Home Address (no P.O. Boxes please) _____

City _____ State _____ Zip _____

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Cell Phone _____ E-Mail Address _____

FOR OFFICE USE ONLY

Date Received _____ Check Number _____ Amount Paid _____

Date Entered _____ P.O. Number _____ Tryout Date _____

STAFF ASSIGNED

SQUAD REGISTRATION INFORMATION

Customer Number _____

Your School Name _____

Address _____

City _____ State _____ Zip _____

() ()

School Phone _____ Fax # _____

E-mail Address _____ ()

Contact Name _____ Cell Phone _____

Squad Type - Please Circle ONE (Varsity, Coed, JH, JV, All Star, Other)

of Students: Female _____ Male _____ Mascots _____

TOTAL # of Students _____

TOTAL # of Squads _____

Total # of Students x \$50.00 deposit = _____

If your squad is attending this camp which is hosted by another school please indicate here: Yes _____ No _____

What camp did your squad attend last summer (ACA, UCA, COA, NCA, etc.) _____

STAFF ACCOMMODATIONS - MUST BE COMPLETED!

Please suggest nearby, moderately priced Hotel/Motel for instructors and we will make their reservations (ex. Holiday Inn, Days Inn, etc.)
ACA covers these costs.

Hotel Name _____

Address _____

Phone _____

City _____ State _____

Hotel Name _____

Address _____

Phone _____

City _____ State _____

FOR MORE INFO CONTACT ACA AT 1.866.324.9153