



REGISTRATION FORM

(Residential & Commuter)

FAX TO:

972.235.2510

OR MAIL TO:

**ACA Summer Camps
5610 Exeter Drive
Richardson, TX 75082**

SCHOOL INFORMATION

School Name

School Address

City State Zip

School Phone (Include area code) Extension

School Fax (Include area code) e-mail

OR Register by phone!

It's Easy! **1.866.324.9153**

Once you have selected the camp you wish to attend, call ACA and be prepared to give the information below. You will be invoiced following your school's tryouts. All fees are due at least two weeks prior to camp. A confirmation will be mailed to your contact person after your registration has been processed. All camps are filled on a first-come, first-served basis.

***For detailed camp packet and medical release forms go to aca.varsity.com.**

Use the ACA Camp Tracker with your 8-digit customer number

Customer Number (if known)

Contact Name (return packet to)

Home Address

City State Zip

() ()

Home Phone (Include area code) Cell Phone

e-mail

CAMP REGISTRATION INFORMATION

INDICATE SQUAD TYPE FOR EACH SQUAD BELOW

Squad Type: Elem, MS, JH, Fresh, Soph, JV, Var, Coed	1.	2.	3.	
Please check if you will be:				
Staying in the dorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOTALS
# of Female Participants				
# of Male Participants				
# of Female Mascots				
# of Male Mascots				
# of Female Advisors				
# of Male Advisors				

What camp did your squad attend in 2010?
(ACA, UCA, COA, NCA, no camp, etc.) _____

GRAND TOTALS _____

Note: You will be invoiced for your deposit of \$50 per participant approximately two weeks after your tryout date. Camp bed space will be held for you until your deposit is received. All fees are due at least two weeks prior to camp.

Tryout date for Spring 2011: _____

Date Faxed _____

Camp Location

Session

Dates

How did you hear about ACA? _____