

Questions: Call 734.676.6334

C!M 2016 DAY CAMP REGISTRATION FORM

Additional Attending Coaches Information:

School: _____

Coach: _____

Coach: _____

Coach Phone: (_____) _____

Coach Phone: (_____) _____

Coach E-mail: _____

Coach E-mail: _____

Address: _____

Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Fax# 734.348.9909
Mail: C!M Summer Camp
20989 Hickory Street - Woodhaven, MI 48183

I have read and accept the 2016 C!M Camp Registration information and agree to comply with the registration and payment policies. I understand all my confirmation materials will be e-mailed to me and I will need to copy and distribute as necessary.

Registering Coach Signature: _____ Date: _____

Number Attending: *List Athlete Count Per Team Level*

___ Youth (6th grade and under) ___ 7th Grade ___ 8th Grade ___ Mixed Jr. High
___ Freshmen ___ JV ___ Varsity ___ Total Number of Coaches

Select Your Camp Length: **Day Camp is held July 30, 2016 at Eastern Michigan**

___ 9 am to 5 pm ___ Total Athletes x \$60 Non-Refundable Payment in Full = \$_____

___ Total Coaches X \$25 Non-Refundable Payment in Full = \$_____

or

___ 9 am to 9 pm ___ Total Athletes x \$85 Non-Refundable Payment in Full = \$_____

___ Total Coaches X \$50 Non-Refundable Payment in Full = \$_____

All Camp Confirmations Will Be Sent Electronically & Made Available On The C!M Web-Site!

Payment Details:

Send ONE school, cashier's or coach's check or money order per registration (returned checks are subject to a \$50 fee). Personal checks from athletes cannot be accepted and will be returned.

- Teams will not be allowed to check-in for camp unless payment in full has been received. There are **NO EXCEPTIONS** to this policy, so please plan accordingly!

Credit Card Authorization: ___ Visa ___ MasterCard

Card Number: _____ Exp. Date: _____

Name on Card: _____ Authorizing Signature: _____

Authorizing signature allows us to charge the card listed for the amount noted.