

Registration and Payment Information

Overnight & Day Camps

- Tuition for each camp is listed beneath the universities in the camp listing. Resident fees include instruction, housing and meals. Commuter fees include instruction only, unless otherwise noted.
- Coaches/Directors are not required to attend. However, NCA/NDA strongly recommends that an adult supervisor attend with each team.
- Select your camp, then phone, fax or e-mail the registration form to NCA/NDA today – no deposit is necessary now.
- Your reservation is tentative until your deposit is received. Deposit of \$50 per person is due by July 8. Because most universities require a pre-camp payment, this deposit is **not refundable or transferable**. Full payment (deposit and balance) may be sent together if desired.
- Tuition balance must be paid in full 3 weeks prior to camp by credit card, school or cashier's check or school purchase order. Make checks payable to NCA/NDA College Camps. **No personal checks accepted.**
- An information packet, including your invoice and medical release forms, will be mailed to the Advisor upon receipt of the registration application.

7. Cancellation Policy.
If Cancelled:

On or before 15 days prior to camp start date	Amount Retained/Billed: \$50 per person
8-14 days prior to camp start date	\$100 per person
On or within 7 days prior to camp start date	Full tuition

In addition to the policies and procedures explained above, the following applies to camps held in SOUTH CAROLINA at Springmaid Beach Resort. The deposit is \$100 per person and is due in our office by July 8th. Because of deposits due to the resort, the per person deposit of \$100 is **NON REFUNDABLE OR TRANSFERABLE**. For cancellations made 3 to 5 weeks prior to camp, there will be no refund, and an additional \$100 per person fee will be charged. For cancellations made within 3 weeks of camp, there will be no refund. Registration applications will be accepted after July 8th if space is available. All remaining balances are due by July 22nd in the form of credit card, school check, money order or cashier's check. No personal checks accepted.

Phone: 1-800-NCA-2WIN
 1-877-NDA-2WIN
Fax: 1-972-840-4054 OR
 1-972-840-4010

Mail:
 NCA/NDA College Summer Camps
 P.O. Box 660359
 Dallas, Texas
 75266-0359

NCA/NDA 2009 COLLEGE SUMMER CAMPS

Phone, Fax or Mail Your Registration Today!

THIS FORM MAY BE USED FOR ALL NCA/NDA COLLEGE CAMPS. PLEASE REFER TO THE CAMP LISTING FOR ADDRESS INFORMATION. IF AN ADDRESS IS LISTED WITH THE CAMP YOU CHOOSE, MAIL YOUR REGISTRATION TO THAT LOCATION. OTHERWISE, FORWARD YOUR REGISTRATION TO NCA/NDA.

NOTE: FOR THE SMU CAMP, REGISTRATION FORM MUST BE SENT TO SMU DIRECTLY, NOT NCA OR NDA.

University/Location of Camp			Dates of Camp		
Your School Name			Advisor/Contact Person to Receive Information		
School Address			Street Address		
City	State	Zip	City	State	Zip
()	()	()	()	()	()
School Phone #		School Fax #	Daytime Phone #		Evening Phone #
()		()	()		()
Additional Contact Person (parent, principal, etc) and Phone #			Advisor's E-Mail Address		Alternate Phone #

***IT IS VERY IMPORTANT THAT WE RECEIVE YOUR E-MAIL ADDRESS AND/OR FAX NUMBER IN ORDER TO SEND YOU IMPORTANT INFORMATION ABOUT YOUR CAMP.**

Squad Type:

- Dance
 Coed
 All-Girl
 Small Coed

The following information is important for billing and housing purposes. Please fill in each blank with the appropriate number for your group.

Overnight Camps	Advisors		Participants		Mascots	Day Camps	Advisors		Participants		Mascots
	Cheer	Dance	Cheer	Dance			Cheer	Dance	Cheer	Dance	
Female						Female					
Male						Male					

- YES, I have attached a list of participants' names.
 NO, I will send a list of participant names after tryouts.

Tryout Date _____

Did you attend an NCA/NDA College Camp in 2008? YES NO If NO, what company's camp did you attend? _____

Method of Payment:
 School or Cashier's Check
 Money Order
 Master Card
 School Purchase Order
 American Express
 Discover
 Visa

I would like to request _____ single rooms at the applicable additional charge (Myrtle Beach Camps only).

Account Number _____

Card Owner Signature _____

Card Owner Address _____

City _____ State _____ Zip _____

() _____

Expiration Date _____ Phone # _____

Total Amount Enclosed _____ Charge Amount _____

For Office Use Only:

Date Received	Past Amount
Check Number	Entry Date
Check Amount	Entered By

This application form may also be duplicated.

I have read and agree with the NCA/NDA Registration and Payment Information and will be responsible for communicating this information to parents/participants. Your credit card will be charged the amount specified above. If no deposit amount is specified, the full balance will be charged.

Coach/Sponsor Signature _____