



# CAMP, CLINIC & PRACTICE REQUEST FORM

Team Name: \_\_\_\_\_ Team Size: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date(s) & Time(s) Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Instructor(s) Requested: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that I am making this request as a representative of the team indicated above and understand the costs associated with this request.

Contact Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

### For Showtime Use:

Request Type:      Camp              Clinic              Practice

Facility:              Dance              Blue              Grey              White              Any Gym

Total Fee: \_\_\_\_\_ Minimum: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Due Date: \_\_\_\_\_

Staff: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date \_\_\_\_\_