



2010 Galesburg High School Silver Streaks Cheerleading Camp

Time: 3:30 – 5:00 pm 2nd thru 5th Grade (Grades in 2010-11)
5:00 – 6:30 pm 6th thru 8th Grade (Grades in 2010-11)

Dates: Mondays-Thursdays June 14-17 and June 21-24

Where: *Galesburg High School Football Field and Track

What: An opportunity to learn correct motion technique, basic stunts, the Galesburg Football Fight Song, jumps, cheers, chants and develop enthusiasm for cheerleading as an athletic sport.

Attire: Cheer clothes (shorts, t-shirt, water bottle, etc.)

T-Shirt: Each camper will receive one

* In case of inclement weather, camp will be canceled and rescheduled. Call 309-368-7112

Name: _____

Address: _____

Grade: _____ School: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Other Emergency Contact & Phone number: _____

Important information/allergies, etc.: _____

T-Shirt size: ___ Sm Youth ___ Med Y ___ Lg Y ___ Sm Adult ___ Med Adult ___ Lg Adult

Attending Two Weeks of Camp (June 14-17 and June 21-24)

Register before May 15: _____ Basic Fee \$60 _____ 2nd Daughter/Son \$40

After May 15: _____ Basic Fee \$70 _____ 2nd Daughter/Son \$50

Attending First Week of Camp Only (June 14-17)

Register before May 15: _____ Basic Fee \$35 _____ 2nd Daughter/Son \$25

After May 15: _____ Basic Fee \$40 _____ 2nd Daughter/Son \$30

Attending Second Week of Camp Only (June 21-24)

Register before May 15: _____ Basic Fee \$35 _____ 2nd Daughter/Son \$25

After May 15: _____ Basic Fee \$40 _____ 2nd Daughter/Son \$30

In and for the consideration of my son/daughter's participation in the Galesburg H.S. Silver Streaks Cheerleading Camp, I hereby agree and promise that I will not hold District #205, Galesburg H.S., Silver Streaks Cheerleading Camp, or the staffs responsible for any loss, damage or personal injuries or illness that he or she may receive as a result of participation. In addition, I acknowledge that I have insurance to cover medical expenses of my child. I hereby grant him/her permission to participate.

Parent/Guardian Signature _____ Date _____

Mail completed form with payment to: Theresa Mangieri
GHS Football Cheerleading Coach,
1740 N. Cherry St., Galesburg, IL 61401

Proceeds to benefit the GHS Football Cheerleading Program

For questions, please contact Football Cheerleading Coach, Theresa Mangieri 309-368-7112