

SALMEN HIGH CHEERLEADING KID CAMP

- **CAMP: October 3rd-4th @ Salmen High School
Auxiliary Gym
4PM – 5:30PM**
- **GAME: Perform at football game October 5th against
Franklinton (be there no later than 6:30!)**

*****PLEASE MAIL this form and PAYMENT TO SALMEN HIGH BY
Friday September 29th*****

**(walk-ins will be welcome but they may not receive a t-shirt)
Registration may also be submitted Monday October 2nd 3:00-
5:00pm in the auxiliary gym.**

Please contact Denise Troullier, ktroullier@stpsb.org, for further questions.

Camper's Name: _____

Age: _____ T-shirt Size: _____
(YS, YM, YL, AS, AM)

Parent Name: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Emergency Contact: _____

Phone: _____

- Camp fee-\$35
- Cash or money order only

I _____ give permission for my child, _____, to be taken and treated by a physician in case of a medical emergency while attending SHS Cheer Kid Camp.

Parent/Guardian Signature

Printed Name

Date