

REGISTRATION INFORMATION

- Resident fee includes instruction, dormitory housing and all meals. Commuter fee includes instruction only. Meals for day students may be purchased through Andy Yosinoff.
- A registration fee of **\$50.00** per person must be sent with the registration application. The fee will reserve your place at the clinic and will apply toward your tuition payment. This registration fee is NOT refundable. Full payment for each participant may be included with this registration application if desired.
- Registration application and registration fees are due by July 1, 2012. The balance of the tuition is due two weeks prior to your clinic.
- Send check or money order (no cash, please). Make checks payable to: Andrew Yosinoff. Mail completed application and registration fees to:
Andrew Yosinoff
4 Boulevard Terrace,
Allston, MA 02134.
1-617-877-8049 (MA)
andrewyosinoff@msn.com.
- Advisor/Coach Package includes: Room & Board (\$199 value), Curriculum (\$55 value), intensive advisor seminars and AACCA membership that includes \$1 million of coaches liability coverage for one year (\$25 value). Total value for this package is \$344.
Advisor/Coaches Program is available to Advisor/Coaches who are 21 years old or older ONLY!
- Elite Cheer Clinic is for highly competitive teams only.**
Stunt Clinic is only for teams who have the following skills. Full team liberties w-full twisting cradle, and at least 50 percent roundoff backhandsprings or standing backsprings. (Only UCA Camp w/Tumbling)
- An adult must stay overnight with each youth team July 27-29, 2012 (ages 7-15).
- Complete information about your clinic will be mailed to your contact person upon receipt of your registration application.
- To learn more about these clinics and competitions, visit **www.yosinoffcheerdancecamps.com!**

IMPORTANT: READ CAREFULLY

CLINIC FEES

CHEER

Res. Participant\$291
Comm. Participant\$196
Res. Advisor\$182
Comm. Advisor.....\$162
Deposit\$50/person

CHEER - YOUTH

Res. Participant\$225
Comm. Participant\$174
Res. Advisor\$157
Comm. Advisor.....\$147
Deposit\$50/person

DANCE

Res. Participant\$291
Comm. Participant\$196
Res. Advisor\$182
Comm. Advisor.....\$162
Deposit\$50/person

STUNT & PERFORMANCE

Res. Participant\$296
Comm. Participant\$196
Res. Advisor\$182
Comm. Advisor.....\$162
Deposit\$50/person

CUT ALONG DOTTED LINE



2012 MOUNT IDA COLLEGE, NEWTON, MA (CHEER) AND EMMANUEL COLLEGE, BOSTON, MA (DANCE & STUNT) REGISTRATION APPLICATION

ANDY YOSINOFF'S CHEER & DANCE CLINICS • PLEASE PRINT IN INK OR TYPE

The name of our squad is: _____

Our squad mailing address is: _____
Street City State Zip

School phone number: () _____ Email: _____

Our Contact Person is: _____

Home Address _____
Street City State Zip

Daytime Phone () _____ Cell Phone: () _____

Email: _____

**THIS FORM MAY BE DUPLICATED FOR ADDITIONAL NAMES.
USE SEPARATE FORMS FOR VARSITY, JUNIOR VARSITY AND JUNIOR HIGH IF POSSIBLE.**

LIST PARTICIPANTS BELOW: PLEASE INDICATE MALE OR FEMALE.

LIST AMOUNT ALLOCATED EACH STUDENT	STUDENT'S NAME	MALE FEMALE		CHECK ONE	
				DORM STUDENT	COMMUTER STUDENT
\$ _____	1. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	2. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	3. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	4. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	5. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	6. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	7. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	8. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	9. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	10. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	11. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	12. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	13. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	14. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	15. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	16. _____			<input type="checkbox"/>	<input type="checkbox"/>
\$ _____				<input type="checkbox"/>	<input type="checkbox"/>

*Please attach an additional sheet if you need to add more individuals

TOTAL AMOUNT ENCLOSED

Make Checks payable to AND mail Application and Fees to:

ANDY YOSINOFF
4 Boulevard Terrace, Allston, MA 02134
617-877-8049
andrewyosinoff@msn.com

**★ Advisor/Coaches Program is available to
Advisor/Coaches who are 21 years old or
older ONLY!**

MOUNT IDA COLLEGE

- Youth 2-Night Clinic (July 27-29, 2012)
- Regular Cheer Clinic (August 3-6, 2012)
- Elite Cheer Clinic (August 3-6, 2012)

There will be _____ cheerleaders and
_____ sponsors attending

Our squad is a (check one)

- Pop Warner Junior Varsity
- Junior High Varsity
- Elementary
- Other _____

**BONUS: AIR-CONDITIONED GYM, TWO
5000 SQUARE FOOT OUTSIDE
PAVILIONS, BEAUTIFUL CAMPUS &
OUTDOOR SWIMMING POOL!**

EMMANUEL COLLEGE

- Dance Clinic (July 16-19, 2012)
- Stunt & Performance Clinic (July 20-23, 2012)

***Stunt Clinic is only for teams who have
the following skills. Full team liberties
w-full twisting cradle, and at least 50
percent roundoff backhandsprings or
standing backsprings.
(Only UCA camp w/Tumbling)**

There will be _____ dancers
_____ cheerleaders and
_____ sponsors attending

Our team is a (check one)

- Junior High
- Junior Varsity
- Varsity
- Other _____

BEAUTIFUL ENCLOSED CAMPUS!

**BONUS: 17,000 SQUARE FOOT,
BRAND NEW AIR-CONDITIONED
DORMS, SPORTS COMPLEX
AND CAFETERIA!**

ONE BLOCK FROM FENWAY PARK!

**SPECIAL BONUS:
Lunch served on Registration Day**