Universal Dance Association

"America's Top Rated Instruction Staff" Andy Yosinoff Emmanuel College Boston, MA 02115 July 14 – 17 Friday- Monday (Day Game/ Traditional Camp)

We have received your application and pre-registration fee and look forward to seeing you on **Friday the 14th**. Please read the following information carefully.

BALANCE OF PAYMENT: Enclosed is an invoice with the total amount due, amount paid and your balance due for the instruction week. The balance is due no later than July 5th, 2017. Due to College regulations we must have your balance of payment two weeks before camp.

Make checks payable to: Andrew Yosinoff Return Address: 4 Boulevard Terrace, Allston, MA 02134

In case of cancellation, your balance of payment will be refunded so long as written notification is sent by July 5th, 2017

REGISTRATION: All sponsors and cheerleaders, whether resident or commuter, should report to Loretta Hall, Emmanuel College on July 14th.

Registration Hours: 9:00AM - 12:00AM

Rooms and meal tickets will be assigned and registration. Meal service will begin with the lunch on the first day and end with breakfast on the last day.

HOUSING: Camp directors will be on duty 24 hours a day to supervise and assist participants. Each participant will be issued a room key. You will be charged \$50.00 for any lost keys. **We encourage participants to bring their own fans as the dorm is not air conditioned.**

TELEPHONE: Calls should only be placed in emergencies. If necessary, place a person to person call to **(617) 735-9710** the Emmanuel College Public Safety office. Leave the participant's name and the school he or she attends. A camp

director will have the participant return the call as soon as possible.

CHECKOUT PROCEDURE: Participants must clean their rooms before leaving. You and your school will be held responsible for any damages to the room. The events will end around **11:30am on Monday the 17th.** Parents or persons providing transportation should have this information .Parents are invited to final evaluation at **9am** on the **18th**.

PLEASE BRING TO CHECK-IN THE FOLLOWING FORMS; PARTICIPANT RELEASE & WAIVER FORM, ADULT RELEASE AND WAIVER FORM, EMAIL INFORMATION FORM, AND EMMANUEL COLLEGE LIABILITY FORM: Please have a parent or guardian complete all forms and bring them to registration.

COMMUTING STUDENTS: Meals for commuting students will be offered for \$9.00 (lunch) and \$9.00 (dinner).

LINENS: Participants are asked to bring their own linens including sheets, pillow, pillowcases, towels, and washcloths.

FINAL EVALUA TION: Parents or other family members are welcome to attend the final evaluation session and Final Awards Ceremony on **Monday the 17th** at **9am**.

PICTURES: No Team pictures will be taken.

Emmanuel College

2017

Dear Parents or Guardians,

The Conference Center at Emmanuel College is pleased to host the Universal Day Game/Traditional Camp this summer from July 14-17. Prior to your daughter's arrival, a liability waiver form must be filled out and presented at the time of check-in.

Thank you for your cooperation.

Sincerely, Andy Yosinoff Owner

"I hereby release Emmanuel College and its staff from the liability for any accident, illness, or loss which may occur during my child's/ward's residency or use of the facilities. Any group or individual failing to meet the above requirement will not be admitted on campus."

Name of Child (please print)

Date
School
Home Phone Number
Signature of Parent or Guardian

REGISTRATION INFORMATION

- 1. Resident fee included instruction, dormitory housing and all meals. Commuter fee includes instruction only. Meals for day students may be purchased through Andy Yosinoff
- 2. A registration fee of \$50 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.
- 3. Registration application and registration fees are due by July 1, 2016. The balance of the tuition is due two weeks prior to your clinic.
- 4. Send check or money order (no cash, please). Make checks payable to: Andrew Yosinoff. Mail completed application and registration fees to:

Andres Yosinoff 4 Boulevard Terrace, Allston, MA 02134 1-617-877-8049 (MA) andrewyosinoff@msn.com

5. Advisor/Coach Package includes: Room & Board (\$199 value), Curriculum (\$55 value), and intensive advisor seminars and AACCA membership that includes \$1 million pf coaches' liability coverage for one year (\$25 value). Total value for this package is \$344. Advisors/Coaches Program is available to Advisor//Coaches who are 21 years or older ONLY!

- Complete information about your clinic will be mailed to your 6. contact person upon receipt of your registration application.
- 7. To learn more about these clinics and competitions, visit www.ayosinoffcheerdancecamps.com

EMMANUEL COLLEGE BOSTON MA (DANCE & STUNT)

CLINIC FEES

STUNT & PERFORMANCE Res. Participant: \$336 Comm. Participant: \$239 Res. Advisor: \$221 Comm. Advisor: \$211 Deposit: \$50/persor

TRADITIONAL/GAME DAY Res. Participant: \$336 Comm. Participant: \$239 Res. Advisor: \$221 Comm. Advisor: \$211 Deposit: \$50/person

DANCE Res. Participant: \$336 Comm. Participant: \$239 Res. Advisor: \$221 Comm. Advisor: \$211 Deposit: \$50/person

	ANDY YOSINOFF'S CHEER &	CATION APPLICA DANCE CLINICS • PLEASE		ORTYPE			
The name of our squad is:							
Our squad mailing address i	S:	C 14.	State	7:-	EMMANUEL		
School phone number: (Zip	Dance Clinic	(July 10-13, 2017) rmance Clinic (July 14-17, 2017)	
Our Contact Person is:					Traditional/G	ame Day Cheer Clinic (July 14-17, 2017)	
Home Address					There will be	dancers	
Daytime Phone ()			State			cheerleaders and	
Email:						sponsors attending	
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		Y AND JUNIOR HIGH IF PO	SSIBLE.		Junior Var	sity	
LIST PARTICIPANTS BELOW: PLEAS	E INDICATE MALE OR FEMALE. STUDENT'S NAME		CHEC	CK ONE	Other		
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\$ 10					Lunchs	erved on Registration Day	
\$11							
\$12							
\$ 13							
\$14							
\$ 15							
\$ 16							
\$*Please atta	sch an additional sheet if you need to add more Make Ch	iodividuals hecks payable to AND mail App	lication and Fe	ster			
TOTAL AMOUNT ENCLOSED	Make Cr	ANDY YOSINOF					
	4 B	oulevard Terrace, Allsto		4			

and rewyosinoff@msn.com