

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:

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

CLINIC FEES

STUNT & PERFORMANCE

Res. Participant: \$327
Comm. Participant: \$230
Res. Advisor: \$212
Comm. Advisor: \$202
Deposit: \$50/person

DANCE

Res. Participant: \$327
Comm. Participant: \$230
Res. Advisor: \$212
Comm. Advisor: \$202
Deposit: \$50/person

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

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	GENDER		CHECK ONE	
		MALE	FEMALE	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"/>

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

Make Checks payable to AND mail Application and Fees to:

TOTAL AMOUNT ENCLOSED

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

EMMANUEL COLLEGE

- Dance Clinic (July 11-14, 2016)
 Stunt & Performance Clinic (July 15-18, 2016)

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**

**THIS CAMP MUST COMPLY WITH
REGULATIONS OF THE MASS. DEPT. OF
PUBLIC HEALTH AND LICENSED BY THE
LOCAL BOARD OF HEALTH**



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Advisor/Coaches who are 21 years old or older ONLY!