

# 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!
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](http://www.ayosinoffcheerdancecamps.com)

## CLINIC FEES

### STUNT & PERFORMANCE

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

### 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

## 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: \_\_\_\_\_

### EMMANUEL COLLEGE

- Dance Clinic (July 10-13, 2017)  
 Stunt & Performance Clinic (July 14-17, 2017)  
 Traditional/Game Day Cheer Clinic (July 14-17, 2017)

There will be \_\_\_\_\_ dancers  
 \_\_\_\_\_ cheerleaders and  
 \_\_\_\_\_ sponsors attending

Our team is a (check one)

- Junior High  
 Junior Varsity  
 Varsity  
 Other \_\_\_\_\_

**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"/>

*\*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

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

**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  
 MASSACHUSETTS DEPARTMENT  
 OF PUBLIC HEALTH AND BE  
 LICENSED BY THE LOCAL BOARD  
 OF HEALTH**