

CNY Cheer Company, Inc.
8/18/07, Coaches Clinic Registration

Contact information:

Name: _____ School/Program Name: _____

Mailing address: _____ City: _____ Zip: _____

Email: _____ Phone #: () _____

Will you be taking the judging certification? ____ Yes ____ No

Additional Coaches attending:

1. _____ Judges certification? ____ Yes ____ No

2. _____ Judges certification? ____ Yes ____ No

3. _____ Judges certification? ____ Yes ____ No

Total number attending clinic ____ @ \$75.00 per coach = _____

Total number taking the judging certification ____ @ \$25.00 per coach = _____

Total enclosed: _____

Please make checks payable to CNY Cheer Co., Inc.

Mail payment and registration form to:

CNY Cheer Company

PO Box 655

Herkimer, NY 13350