



Fellowship of Christian Cheerleaders

CAMP INVOICE

We are excited that you chose FCC for your 2008 summer camp! Thank you for joining us for another outstanding summer!

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR REGISTRATION INFORMATION.

Camp Location: ORAL ROBERTS UNIVERSITY

Camp Dates: July 21 - 24

School/Squad: _____

Elem JH JV Varsity All-Star

Coach's Name: _____

Correspondence Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____

Email: _____

STATEMENT OF ACCOUNT

PAYMENTS RECEIVED:

Contingency Fee	x	\$100	=	\$100
Already Paid	_____	Included	_____	

AMOUNT OWED:

<input type="text"/>	x	\$100	=	\$ <input type="text"/>	Dep #1
(# of cheerleaders)		NON-REFUNDABLE/NON-TRANSFERABLE deposit per cheerleader			

RESIDENT CHARGE per cheerleader is \$225.00 for this camp
COMMUTER CHARGE per cheerleader is \$175.00 for this camp
Check Resident or Commuter

<input type="text"/>	x	\$0	=	\$0
1		(1 coach per squad attends FREE if registered by April 15)		

<input type="text"/>	x	\$100	=	\$ <input type="text"/>	Dep #2
(# of additional coaches)		NON-REFUNDABLE/NON-TRANSFERABLE deposit per additional coach			

RESIDENT CHARGE per additional coach is \$185.00 for this camp
COMMUTER CHARGE per additional coach is \$145.00 for this camp
Check Resident or Commuter

***Add deposits 1 and 2 to get**

the TOTAL AMOUNT that is **\$**

due to the FCC Office by May 15.

If the deposit is not postmarked by this date,

a \$200 late fee will be charged.

**Please pay with 1 check. Do not send separate checks.*

REMAINING BALANCE:

* A FINAL INVOICE to will be sent to confirm your remaining balance.

*The final camp payment (i.e. remaining balance) will be due at 2 weeks prior to your camp!!

NO EXCEPTIONS!! \$200 Late Fee

SEND REGISTRATION TO OUR NEW ADDRESS

The Fellowship of Christian Cheerleaders
 300 Brogdon Road, Suite 100
 Suwanee, GA 30024
 800-825-6953
 Fax: 866-376-6484