

OFFICE USE ONLY Paid? _____ NUMBER _____
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MID AMERICAN POMPON - 2017 - ALL STAR TEAM APPLICATION

Name: _____ Graduation year: 2018 2019 2020 2021

School: _____

Phone Number: _____ E-mail: _____

Camp Session Attending: (Please Circle)

Davenport #1 (June 22 - June 25)

Davenport #2 (July 28 - June 1)

Davenport #3 (July 24 - July 27)

Camp Program: (Please Circle)

Advanced Pom

Intermediate Pom

If you were a previous **Mid American Pompon All Star Team Member**, please check if this will be your:

_____ 2nd year _____ 3rd year _____ 4th year

PARENTS:

I hereby give permission for my daughter to participate in the tryouts for the Mid American Pompon All Star Team. I have read the All Star Team Fact Sheet and understand that if my daughter should be selected for this team, I/she would be responsible for all costs for travel and accommodations. (All events are optional.)

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____ **DATE** _____

ALL STAR TEAM CANDIDATES:

Below are scheduled, and some tentative performance possibilities for the 2017-2018 All Star Team.

- Michigan Thanksgiving Day Parade and rehearsal – November
- Iceland Festival - April 2018
- Michigan St. Patrick's Day Parade and rehearsal - March 2018

I have read all of the information about the Mid American Pompon All Star Team and I understand that I will be responsible for all costs involved through direct payment and/or fundraising if I should be selected for the team. I also understand that decisions on selection made by the judges are final, and that I may receive feedback in regards to my score on the final day of camp in writing from my staff sister.

CANDIDATE'S SIGNATURE _____ **DATE** _____

A **\$10.00 application fee** must be submitted when you hand in your application to our staff at camp.

APPLICATIONS WILL BE ACCEPTED UNTIL THE 1st DAY OF CAMP AT **12:00 noon.**