

# REAVIS CHEER CAMP



**The Reavis Cheerleading Team is hosting their annual Two Day Cheer Camp and of course we would love to see you there! Campers will attend a cheer clinic on Thursday, October 11<sup>th</sup> to learn the material for Friday night's Varsity halftime show on October 12<sup>th</sup>!**

**WHO:** Girls AND Boys in Grades K-8<sup>th</sup>

**WHEN:** Thursday, October 11<sup>th</sup> & Friday, October 12<sup>th</sup>

**WHERE:** The Reavis Wrestling Gym on Thursday and The Football Field on Friday

**FEE:** \$30 (includes: t-shirt, bow, & snack)

**Thursday TIME:** 4:00- 7:00pm (Wrestling gym)

**Friday TIME:** 7:00-End of Halftime (meet on tennis courts)

**\* Half-time is usually scheduled around 7:30pm**



**RSVP with Coach Ippolito (via email) by Friday September 28<sup>th</sup> at 2:30 pm to guarantee the correct shirt size, and bring form and payment 1<sup>st</sup> day of camp!**

**[coach.ippolito220@gmail.com](mailto:coach.ippolito220@gmail.com)**

**\*Walk in registrations are welcome, however we cannot guarantee t-shirt orders or sizes that day!**

**\*There will be no refunds!**

**Registration sheet on back of this page!**

Camper's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian Cell phone: \_\_\_\_\_

Camper's Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Medical information that we should know about your child, such as asthma or allergies:  
\_\_\_\_\_

Emergency contact name and phone # (in case parent cannot be reached):  
\_\_\_\_\_

**Permission Slip:** My child has permission to participate in the Cheer Camp at Reavis High School. I hereby grant the cheer coach or athletic trainer authority to secure medical care for my child in the event of a medical emergency when a parent or guardian cannot be contacted.

X \_\_\_\_\_ (Parent or Guardian signature)

**Check quantity and size:**

\_\_\_\_\_ Youth Small \_\_\_\_\_ Adult Small  
\_\_\_\_\_ Youth Med \_\_\_\_\_ Adult Med  
\_\_\_\_\_ Youth Large \_\_\_\_\_ Adult Large

**Payment Information:**

Payments can be given to a Reavis Cheerleader, Reavis Cheer Coach or mailed to: Reavis High School.  
**Mailed payments must be mailed out by Thursday, October 4<sup>th</sup>.**

Attn: Samantha Ippolito  
6034 W 77 th Street  
Burbank, IL 60459

\_\_\_\_\_ Cash \_\_\_\_\_ Check (make payable to Reavis High School Cheerleading)

**(Please DO NOT send form or payment back to child's grade school!!!)**