APPLICATION FOR DEVENNEY'S USA CAMPS

HALFTIME USA CAMPS AND CLINICS

CO-DIRECTORS-SHIRLEY ROSS DEVENNEY AND JACK DEVENNEY • P.O BOX 662 WETUMPKA, AL 36092
TELEPHONE 334-567-7315/567-3434 {NIGHT TIME 334-567-7846 (ONLY UNTIL CAMP TIME)}

Required registration fee $100.00 per person. Deposit applied toward camp fees-balance of $150.00 to be paid before or on opening day of camp. An application must be filled out by each individual attending camp. (Photostat this application as needed.)

Please Check Camps Desired:

❑ **University of Alabama - Tuscaloosa, AL**
June 25, 26, 27 / $250

❑ **Jax State University - Jacksonville, AL**
June 28, 29, 30 / $250

❑ **Auburn University - Auburn, AL**
July 6, 7, 8 / $250

All Day Students (Commuters) **$200** – Instruction Only
A room key deposit is required at most universities.

Note: When registering as a group, you may list entire information on a separate sheet and attach it to this form.
You may pay total fee in advance if you prefer

REQUIRED INFO

Please check the appropriate unit in which you wish instruction and number of campers planning to attend

Dance Lines _____ (Campers) Pom Pom Lines _____ (Campers)
Flags _____ (Campers) Feature Twirler/Baton Twirler _____ (Campers)
Majorette _____ (Campers)

Will you be staying
in a Dorm
Off Campus

A $25 - $50 room key deposit is required at most Universities. Deposit returned if key is not lost.

Amount of tuition paid _____ Total number attending from school _____ Location of camp you plan to attend _____

Name _____ Age _____ O Male O Female

Home Address _____ Email _____ Telephone _____

City _____ State _____ Zip Code _____

Name of School _____ Band Director _____ Telephone _____

School Address _____ Email _____ Telephone _____

City _____ State _____ Zip Code _____

Sponsor/Chaperone/Advisor Name _____ Telephone _____

Home Address _____ Email Address _____

INDIVIDUALS NOT ASSOCIATED WITH A BAND, SQUAD OR TEAM ARE WELCOME.

Location and type of camp _____ o Dance o Flag o Majorette o Twirler

Name _____ Age _____ OMale OFemale

Home Address _____ Email _____ Telephone _____

City _____ State _____ Zip Code _____

Parent or Guardian's Signature _____

Family Insurance Co. _____ Policy No. _____

you will be sent a written confirmation of your campers. Camp directors will see that any seriously sick or injured camper is taken to a medical facility.

(A medical form will be sent to you after you register.) Please note: No refunds given once application is received. It is understood that camper participants will not hold halftime USA, clinics, or the University and their personnel responsible for any loss of personal articles or any accidents which may occur during camp or traveling to and from this event.

Please trim here and return this portion. Keep the rest for reference