

LUYAA POM CAMP 2008

Register Early!

1. Complete Registration, detach and mail
2. Make check payable to: LUYAA
3. Mail registration and payment to:
LUYAA Poms
c/o Suzanne Patton
4910 Marianne Drive
Mt. Airy, MD 21771

Pom camp is \$75.00 prior to
July 15

After July 15, pom camp is
\$85.00

Join us for 4 days of
dancing, marching and
an all-around great time!!!
Learn some fall football
routines, brush up on
your pom skills and
learn the pom squad spirit
dance!

We'll start each day with group aerobics to get your juices flowing and wake you up! Then, it's on to stations where the **Lingamore Pom Squad** and the **Urbana Pom Squad** will instruct you in these areas:

- *Dance
- *Ripples
- *Marching
- *Spirit
- *End Formations
- *Projections and Appearance

Urbana poms will meet at Shelter 3 for drop off and pick up and must have blue soffe shorts for the Thursday performance.

Lancer poms will meet at Shelter 2 for drop off and pick up and must have black soffe shorts for the Thursday performance.

Parents plan to come and watch the poms perform the routines they have learned on Thursday, Aug 14 at Kemptown Park at 7:00pm!

- *Each camper must:
 - bring a bag lunch with a drink
 - wear appropriate shoes and work out clothing

*Please pick up your camper promptly at 12:30.

*The parent release form must be signed by a parent/guardian prior to attendance. No camper will be allowed to participate without a signed release.

DATES: Monday, Aug 11
Tuesday, Aug 12
Wednesday, Aug 12
Thursday, Aug 14
Rain date: Friday, Aug 15

PLACE: Kemptown Park

TIME: 8:30 - 12:30

COST: \$75.00 prior to July 15
\$85.00 after July 15

LUYAA Pom Camp Registration Form

Participant's Name _____

Emergency Contact Name and Phone No. _____

Phone - Home/Work/Cell _____

Pom Participate attends: _____

School _____

and will be in _____ grade in fall 2008.

PARENT RELEASE FORM

My Child, _____ has my permission to participate in the LUYAA Pom Camp on Aug. 11,12,13,14 and/or 15 at Kemptown Park. In the event that I cannot be reached, I authorize emergency medical technicians to administer the necessary first aid immediately to my child, should she become injured or sick during camp and require treatment.

Parent Signature _____

Insurance Co./Group No. _____

Child's Dr/Phone No. _____

Allergies _____

2nd Emergency Contact/Phone No. _____