



Champion Cheer Central, Inc. Home Camp Questionnaire

School Name

Camp Dates

Please fill out the following information completely. This information will be used to prepare our instructors for your camp.

TEAM INFORMATION

Please indicate the number of participants attending per team:

____ Varsity ____ Junior Varsity ____ Junior High
____ Freshman ____ Elementary ____ All Star

GENERAL INFORMATION

Do you have tryouts for your team? Yes No

Do you compete? Yes No

How many times last year? _____

Will you be having practices before your camp dates? Yes No

Is your team able to stunt? Yes No

Your team's strength?

Your team's weakness?

Place a check in the box that you feel applies to your team.

	Needs Work	Good	Great
Dance			
Gymnastics			
Jumps			
Motion Technique			
Pyramids			
Stunting			
Teamwork			

STUNTING INFORMATION

How many stunt groups do you have? _____

How many experienced flyers do you have? _____

What is the most difficult stunt your team has performed consistently?

What is the most difficult dismount your team has performed consistently?

What are some of the stunts you would like to try?

GYMNASTICS INFORMATION

Does your team attend tumbling classes? _____

How many team members have the following:

Standing back handsprings? _____

Round off back handsprings? _____

Round off back tucks? _____

Standing back tucks? _____

Other _____

CAMP GOALS

- _____
- _____
- _____
- _____
- _____

ANY OTHER INFORMATION YOU WOULD LIKE YOUR CCC COACHES TO KNOW

COACH INFORMATION

Years you have coached? _____

Would you like information sent to your home? _____

Mailing Address

Email Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

HOTEL INFORMATION

Please list two convenient, moderately priced for our CCC staff.

Hotel Name

Address

City State Zip

Area Code/Phone

Minutes from location

Hotel Name

Address

City State Zip

Area Code/Phone

Minutes from location

GOALS FOR CAMP

1. _____

2. _____

3. _____

4. _____

5. _____

Any other instructions:
