

## APPLICATION FOR DEVENNEY'S



CAMPS

## HALF-TIME USA CAMPS AND CLINICS

CO-DIRECTOR - SHIRLEY ROSS DEVENNEY • P.O. Box 662 WETUMPKA, AL 36092

**TELEPHONE 334-567-7315 • 334-567-3434 • 334-398-1186**

Required registration fee \$130.00 per person. Deposit applied toward camp fees-balance of \$195.00 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 Camp Desired:



**Auburn University**  
**Auburn, AL**

**June 13, 14, 15, 2022 / \$325**

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 \_\_\_\_\_ ☐ Male ☐ 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 \_\_\_\_\_ ☐ Dance ☐ Flag ☐ Majorette ☐ Twirler  
Name \_\_\_\_\_ Age \_\_\_\_\_ ☐ Male ☐ Female  
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