



SPIRIT DAY

COLLEGE OF CHARLESTON VS. KENT STATE
SATURDAY, DECEMBER 21ST



PARTICIPATE IN A PRE-GAME CLINIC WITH THE COFC CHEERLEADERS AND COUGARETTES, THEN PERFORM AT HALFTIME OF THE BASKETBALL GAME!

TO REGISTER FOR THIS EVENT, PLEASE COMPLETE THE ENCLOSED TICKET ORDER FORM AND RETURN IT TO COFC SPORTS MARKETING NO LATER THAN FRIDAY, DECEMBER 6TH.

PRICES FOR PARTICIPANTS INCLUDE THE CLINIC, TSHIRT, TICKET TO THE BASKETBALL GAME, AND A FOOD VOUCHER TO USE AT THE CONCESSION STAND DURING THE GAME.

FOR MORE INFORMATION OR TO REGISTER, CONTACT JESSICA RODGERS AT (843) 953-3926 OR RODGERSJA@COFC.EDU

Cougars



2013 COLLEGE OF CHARLESTON SPIRIT DAY ITINERARY
DEADLINE TO REGISTER: FRIDAY, DECEMBER 6TH, 2013

DECEMBER 21ST, 2013

11:00 AM: REGISTRATION

12:00 PM: CHEER AND DANCE CLINIC

THE COFC CHEERLEADERS AND COUGARETTES WILL TEACH CHEERS, DANCES, AND TECHNIQUE TO HELP YOUR CHEERLEADERS AND DANCERS WORK ON THEIR SKILLS.

2:00: DOORS OPEN FOR THE COLLEGE OF CHARLESTON VS. KENT STATE BASKETBALL GAME. FIND YOUR SEAT, RELAX, USE YOUR FOOD VOUCHER AT THE CONCESSION STAND.

3:00 COLLEGE OF CHARLESTON VS. KENT STATE BASKETBALL GAME BEGINS

~3:45: HALFTIME PERFORMANCE

PERFORM AT HALFTIME OF THE BASKETBALL GAME ON THE COURT WITH THE COFC CHEERLEADERS AND COUGARETTES!

PLEASE NOTE: PARTICIPANTS WILL PERFORM IN THE TSHIRT PROVIDED TO THEM FOR HALFTIME. PLEASE BRING ATHLETIC SHORTS/PANTS TO WEAR FOR THE PERFORMANCE.

Cougars

Charleston

2013 College of Charleston Spirit Day Ticket Order Form

To register, please complete this form and return it with your payment to CofC Sports Marketing no later than December 6th, 2013. For questions, please call (843) 953-3926.

Coaches Name: _____

School/Squad (if applicable): _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

| | # of Tickets | Price per Ticket | Total |
|---|--------------|------------------|----------|
| Athletes Attending | | \$30 | \$ |
| Athletes Attending at Group Rate-only for groups of 15 or more! | | \$25 | \$ |
| 1 free coach per full team | 1 | \$0 | \$0 |
| Additional Coaches Attending | | \$10 | \$ |
| Family & Friends Attending | | \$10 | \$ |
| | | | |
| Handling Fee | | | \$3.00 |
| TOTAL COST | | | \$ _____ |

I have included a check for the total cost listed above (Make check out to CofC Sports Marketing)

Please charge my credit card for the total listed above

Circle One: **Visa** **Mastercard** **American Express**

Credit Card # _____

Exp. Date _____

Signature _____

Send this form with payment to:

College of Charleston Athletics
Sports Marketing
Attn: Jessica Rodgers
66 George Street
Charleston, SC 29424

Charleston

Please list all names of cheerleaders and dancers that will be attending, along with their desired t-shirt size.

| Name | Tshirt Size |
|------|-------------|
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