## **25-26 Mid Year (Limited) Payment Breakdowns**

### (July-December)

\*Please note mid year is catered to new, inexperienced athletes

#### Monthly payments/athlete:

Evaluation fees are due on the first date of evaluations (5/19 or 5/20). Installment and Fees listed are separate charges. Both charges will be applied on the 1st and/or 15th of every month through the final month of the season (December for the mid-year team). In the final practice month, the exact amount of athletes remaining balance will be processed to the card on file.

YEAR- 2025	March 30	June 1	July 1	Aug 1	Sept 1	Oct 1	Nov 1	Dec 1
Installment (1st)		\$100	\$100	\$140	\$140	\$140	\$140	\$140
Fees (15th)	\$90 Registration + \$20 Evaluation	\$266 for ½ of Uniform, Practice Wear, and Bow	\$265 other ½ of Uniform	\$65 Comp Fee	\$65 Comp Fee	\$65 Comp Fee	\$140 Comp Fee	
Monthly TOTAL:	\$110	\$366	\$365	\$205	\$205	\$205	\$280	\$140

Fees	Included in recurring payments	Totals	Applicable To
Tuition	\$100 x 6 months	\$600	ALL
Uniform & Comp Shoes	Top ONLY \$160 Skirt ONLY \$105 Shoes ONLY \$101	\$366	ALL
Choreography & Music	Choreo \$200 Music \$100	\$300	ALL
Practice Wear	\$130 (2 sets)	\$130	ALL
Comp Fees	4 Competitions	\$335	ALL
Comp bow	\$35	\$35	ALL
<b>Evaluation Fee</b>	\$20 or \$5		ALL
Registration Fee	\$90 or \$110		ALL
Total	\$1,876.00		

<b>Optional Fees</b>	Cost	
Overnight Camp	\$325	Due 6/1
Program Backpack	\$120	Due 8/20
Team Jersey	\$60	Due 8/20

# 2025-2026 Exhibition Competition/Event Schedule

EVENT	DATE	LOCATION	APPROX. COMP FEE	TRAVEL DAY
ACDChallenge Spooktacular	October 26	Roseville,CA	\$65	Same Day
JAMZ Battle At the Capital	November 8	Roseville,CA	\$65	Same Day
JAMZ Adrenaline	December 6	Stockton,CA	\$65	Same Day
JAMZ State	December 13	Anaheim, CA	\$140	TBD
Teal STAR Reveal Banquet	January	TBD	Additional Tickets: \$10 each.	LOCAL

## Discount & Fundraising Agreement

I,	(Parent Name), would like to receive the				
	ked discounts below for the 2024-2025 Cordelia Cheer Academy				
	season on behalf of my				
ath	llete(s)				
Plea	se mark ALL that apply. This will help to return a receipt with your				
	complete balance owed.				
	I have already received the Sibling Evaluation Discount for (amount)				
	athletes. Approved/Denied by (CCA Rep)				
	I am paying the discounted registration price of \$ (March 30th-May				
	19th) Approved/Denied by (CCA Rep)				
	*EXCLUDE Exhibition- I would like the Sibling Tuition Discount on				
	(amount) athletes. Approved/Denied by (CCA Rep)				
	I understand that by applying to Sibling Discounts my athlete(s) and I				
	are REQUIRED to participate in at least 3 fundraisers. (initial)				
	Approved/Denied by (CCA Rep)				
	SIGN DATE				

Season Cost with approved discounts applied: