Steps to Register: Fax all forms to **413-778-6600**

1. Complete Registration Form
2. Complete Roster Form
3. Complete Medical Release Form per athlete(bring to event)
4. Complete Credit Card Authorization form
5. Mail in Payment

Thank you for competing with us!

2011 – 2012 Fun Cheer® Routine Review

Team Registration Form

Event Location: Concordia University Texas, 11400 Concordia University Dr, Austin, TX **Event Date:** October 09, 2011

Contact Name:_____ School/Organization Name:_____

Contact Home Phone: (____)_____ School/Org. Phone: (_____)_____

Contact Cell Phone: (_____)_____ School/Org. Address: _____

Contact Address: _____ City: _____ State:_____ Zip: _____

City: _____ State:_____ Zip:_____ School/Org. Fax:_____

Email Address: _____

Name of Head Coach: _____

Please list the division(s) for your school or organization in the section below. Please include the Name of the team and number of participants on each squad. Fun Cheer will adhere to the USASF Rules and Guidelines. For more information, please visit www.funcheer.com or call Ross Martin at (512) 388-3470. Level (1-5) All-Star – Schools (Novice, Intermediate, Advanced)

Name/Division: _____ _____ # of Participants on Squad: _____

Name/Division: _____ _____ # of Participants on Squad: _____

Name/Division: _____ _____ # of Participants on Squad: _____

Name/Division: _____ _____ # of Participants on Squad: _____

Name/Division: _____ _____ # of Participants on Squad: _____

Name/Division: _____ _____ # of Participants on Squad: _____

# of Coaches/Advisors Attending: _____ # of Cross-overs (C/O): _____

Participant Fee: $50.00 Spectator Fee: $10.00 Parking Fee: Free Parking

Deadline: All Entries & Payments must be postmarked no later than September 25, 2011. Make Checks payable to: **Fun Cheer**. Please fax all entry information to: 413-778-6600, then mail form and fees to:

Fun Cheer
PO Box 3999
Cedar Park, TX. 78630

Policies:

I have read and agree to adhere to the Fun Cheer rules and regulations set forth in this registration. I also understand my entry will not be accepted unless this entry form and payment are received prior to the competition date.

Coach's Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Amount Enclosed ($50 x # of part + $40.00 x # of C/Os) _____ Check/Money Order #: _____

Date mailed (Entry form and payment): _____

For Credit Card Payments, Please complete the Credit Card Authorization Form.