

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

**Thank you for competing with us!**

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



**Team Registration Form**  
**All-Star Athletics™ Spring Championship**

**Event Location:** LoneStar Convention Center- Conroe, Texas      **Event Date:** Sunday, April 7th, 2024

Contact Name: \_\_\_\_\_ School/Organization Name: \_\_\_\_\_

Contact Home Phone: (\_\_\_\_\_) \_\_\_\_\_ School/Org Phone: \_\_\_\_\_

Contact Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ School/Org. Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_ School/Org. Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Head Coach: \_\_\_\_\_ Email Address: \_\_\_\_\_

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. All-Star Athletics™ will adhere to the Industry Standard Rules and Guidelines. For more information, please visit [www.funcheer.com](http://www.funcheer.com) or call Ross Martin at (512) 388-3470.

Level (1-5) All-Star – Schools (Novice, Intermediate, Advanced)

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

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

**Participant Fee: \$60      Crossover Fee: \$50      Show Team: \$50      Spectator Fee: \$20      Parking Fee: Free**  
Per Show Team Member

**Deadline:** All Entries & Payments must be postmarked no later than **March 3, 2024.**

Make Cashier's Check payable to: **Cheer Brands.**  
 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 All-Star Athletics™ 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: (\$60 x # of part + \$50 x # of C/Os) \_\_\_\_\_ Check/Money Order #: \_\_\_\_\_

Date mailed: (Entry form and payment) \_\_\_\_\_

**For Credit Card Payments, please complete the Credit Card Authorization Form. Return it, along with this form to our office.**