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

Thank you for Competing with our Company!

- 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 Cheer World[®] All Access Championship[™]

Event Location: Waxahachie Civic Center - Waxahachie, TX	Event Date: Sunday, February 25, 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: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. Cheer World® will adhere to the Industry Standard Rules and Guidelines. For more information, please visit www.cheer-world.com or call Ross Martin at (512) 388-3470.

		Level (1-5)	All-Star - Schools (Novice, I	ntermediate, 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 At	ttending:	# of Cross-overs (C/O):		rs (C/O):	
Participant Fee: \$100	Crossover Fee: \$90	Show Team: \$75 Per Show Te	•	Parking Fee: Free	
Deadline: All Entries & Payments must be postmarked no later than January 27, 2024.					
Make Cashier's Check payable to: Cheer Brands. Please fax all entry information to: 413-778-6600 , then mail form and fees to: Cheer Brands • PO Box 3999 • Cedar Park, TX 78630					
Policies:					
I have read and agree to adhere to the Cheer World® 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:	Date:		
Parent or Guardian Signature:		Date:			

Amount Enclosed: (\$100 x # of part + \$90 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.