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



## Team Registration Form Cheer World®National Championship™

Event Location: Freeman Coliseum, San Antonio, Texas	Event Date: S	Event Date: Saturday and Sunday - April 13-14, 2024	
Contact Name:	School/Organiz	School/Organization Name:	
Contact Home Phone: ()	School/Org Ph	School/Org Phone:	
Contact Cell Phone: ()	School/Org. Ac	School/Org. Address:	
Contact Address:	School/Org. Fa	ax:	
Cit <u>y:</u> State: Zip:	City:	State:_	Zip:
Name of Head Coach:	Email Address:		
Please list the division(s) for your school or organization in th participants on each squad. Cheer World® will adhere to the <a href="https://www.cheer-world.com">www.cheer-world.com</a> or call Ross Martin at (512) 388-3476	Industry Standard Rules 0.		nformation, please visit
Name/Division:	, ,	,	
Name/Division:		# 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):	
•		Spectator Fee: \$25/Day	\$40/Wkd
Pour Pour Pour Pour Pour Pour Pour Pour	er Show Team Member e postmarked no later th	nan <b>March 05, 2024</b> .	Parking Fee: \$15.00
Make Cashier's Check payable to: Cheer Please fax all entry information to: 413-776 Cheer Brands • PO Box 3999 • Cedar Pa	Brands. 8-6600, then mail form a		Paid to the Freeman Coliseum
Policies:			
I have read and agree to adhere to the Cheer World® rule entry will not be accepted unless this entry form and paym			o understand my
Coach's Signature:		Date:	
Parent or Guardian Signature:		Date:	
Amount Enclosed: (\$125 x # of part + \$100 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.