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 Fun Cheer® 2- Day National Championship

Event Location: Freeman Coliseum - San Antonio, Texas	Event Date: S	Event Date: Saturday, March 9th - Sunday, March 10th, 2024		
Contact Name:	School/Organi	School/Organization Name:		
Contact Home Phone:	School/Org Ph	School/Org Phone:		
Contact Cell Phone:	School/Org. Ad	School/Org. Address:		
Contact Address:	School/Org. Fa	School/Org. Fax:		
CityZip:	City:	State:	<u>Zip</u> :	
Name of Head Coach:	Email Address	Email Address:		
Please list the division(s) for your school or organization in participants on each squad. Fun Cheer® will adhere to the visit www.funcheer.com or call Ross Martin at (512) 388-34	Industry Standard Ru 70.		nformation, please	
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):		
	v Team Member	tor Fee: \$25/Day- \$40/Wkd 0, 2024	Parking Fee: \$15 Paid to the Freeman Coliseum	
Make Cashier's Check payable to: Fun Cl Please fax all entry information to: 413-778 Fun Cheer • PO Box 3999 • Cedar Park,	3-6600 , then mail form	and fees to:		
<u>Policies:</u> I have read and agree to adhere to the Fun Chunderstand my entry will not be accepted unless this en				
Coach's Signature:		Date:		
Parent or Guardian Signature:		Date:		
Amount Enclosed: (\$125 x # of part + \$100 x # of C/Os)	Chec	k/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.