

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 Fun Cheer® Spirit Splash™

**Event Location:** SPICC, South Padre Island, Texas

**Event Date:** Saturday, May 4th and Sunday, May 5th, 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. Fun Cheer® 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: \_\_\_\_\_

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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 per day**

Per Show Team Member

**Parking Fee: Free**

**Deadline: All Entries & Payments must be postmarked no later than April 15, 2024.**

Make Cashier's Check 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: (\$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.