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



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## Team Registration Form Fun Cheer<sup>®</sup> Winter Wonderland<sup>™</sup>

| Event Date: Sunday, December 10th, 2023 |  |  |
|-----------------------------------------|--|--|
| School/Organization Name:               |  |  |
| School/Org Phone:                       |  |  |
| School/Org. Address:                    |  |  |
| School/Org. Fax:                        |  |  |
| City:State:Zip:                         |  |  |
| 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 <u>www.funcheer.com</u> or call Ross Martin at (512) 388-3470.

|                                                                                                                                                                                                        |                     | Level (1-5) | All-Star – Schools (Novice,                                      | Intermediate, Advanced)     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|------------------------------------------------------------------|-----------------------------|--|
| Name/Division:                                                                                                                                                                                         |                     | Level:      | # of Participan                                                  | ts on Squad:                |  |
| Name/Division:                                                                                                                                                                                         |                     | Level:      | # of Participan                                                  | ts on Squad:                |  |
| Name/Division:                                                                                                                                                                                         |                     | Level:      | # of Participan                                                  | ts on Squad:                |  |
| Name/Division:                                                                                                                                                                                         |                     | Level:      | # of Participan                                                  | # of Participants on Squad: |  |
| Name/Division:                                                                                                                                                                                         |                     | Level:      | # of Participants on Squad:                                      |                             |  |
| Name/Division:                                                                                                                                                                                         |                     | Level:      | # of Participants on Squad:                                      |                             |  |
| # of Coaches/Advisors Attending:                                                                                                                                                                       |                     |             | # of Crossove                                                    | rs (C/O):                   |  |
| Participant Fee: \$60                                                                                                                                                                                  | Crossover Fee: \$50 |             | Spectator Fee: \$20                                              | Parking Fee: Free           |  |
| Deadline: All Entries & Payments must be postmarked no later than November 10, 2023                                                                                                                    |                     |             |                                                                  |                             |  |
| Make Cashier's Check payable to: <b>Fun Cheer</b> .<br>Please fax all entry information to: <b>413-778-6600</b> , then mail form and fees to:<br><b>Fun Cheer • PO Box 3999 • Cedar Park, TX 78630</b> |                     |             |                                                                  |                             |  |
|                                                                                                                                                                                                        | 0                   |             | gulations set forth in this re-<br>ent are received prior to the |                             |  |
| Coach's Signature:Date:                                                                                                                                                                                |                     |             |                                                                  |                             |  |
| Parent or Guardian Signature:                                                                                                                                                                          |                     |             |                                                                  |                             |  |
| Parent or Guardian Signa                                                                                                                                                                               | ture:               |             | Date:                                                            |                             |  |

Date mailed: (Entry form and payment)

For Credit Card Payments, please complete the Credit Card Authorization Form.