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® Winter Wonderland™

Event Location: Edinburg High School		Event Date: Sunday, December 17th, 2023			
Contact Name:		School/Orga	School/Organization Name:		
Contact Home Phone: ()		School/Org	School/Org Phone:		
Contact Cell Phone: ()		School/Org.	School/Org. Address:		
Contact Address:			School/Org. Fax:		
	State:Zip:_	City	State:		
Name of Head Coach:			E		
participants on each squa	for your school or organiza ad. Fun Cheer® will adhere r call Ross Martin at (512) 3	to the Industry Standard F 88-3470.		nore information, 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 Crossovers (C/O):		
Participant Fee: \$60	Crossover Fee: \$50	Per Sho	Spectator Fee: \$20 bw Team Member	Parking Fee: Free	
Deadline: All Entries &	Payments must be postma Make Cashier's Check p		ber 10, 2023		
	Please fax all entry infor		then mail form and fees to:		
	d agree to adhere to the F I not be accepted unless t				
Coach's Signature:			Date:		
Parent or Guardian Signa	iture:		Date:		
Amount Enclosed: (\$60 x	# of part + \$50 x # of C/Os)Chec	k/Money Order #:		
, <u>, , , , , , , , , , , , , , , , , , </u>	and payment)s, please complete the Cre		n.		