## 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 Texas Cheerleader® Open State Championship

Event Location: UT Tyler - Tyler, Texas			Event Date: Sunday, January 14th, 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. Texas Cheerleader® will adhere to the Industry Standard Rules and Guidelines. For more information, please visit <u>www.texascheerleadermagazine.com</u> or call Ross Martin at (512) 733-7716.

		Level (1-5)	All-Star – Schools (Novice	e, Intermediate, Advanced)			
Name/Division:		Level:	# of Participa	# of Participants on Squad:			
Name/Division:		Level:	# of Participa	# of Participants on Squad:			
Name/Division:		Level:	# of Participa	# of Participants on Squad:			
Name/Division:		Level:	# of Participa	# of Participants on Squad:			
Name/Division:		Level:	# of Participa	# of Participants on Squad:			
Name/Division:		Level:	# of Participa	# of Participants on Squad:			
# of Coaches/Advisors A	ttending:		# of Cross-c	# of Cross-overs (C/O):			
Participant Fee: \$85	Crossover Fee: \$75	Show Team: \$50	Spectator Fee: \$20	Parking Fee: Free			
Deadline: All Entries & Payments must be postmarked no later than December 25, 2023.							
Make Cashier's Check payable to: <b>Texas Cheerleader</b> . Please fax all entry information to: <b>413-778-6600</b> , then mail form and fees to: <b>Texas Cheerleader • PO Box 3999 • Cedar Park, TX 78630</b>							
Policies:							
	adhere to the Texas Cheerle pted unless this entry form a						
Coach's Signature:		Date:					
Parent or Guardian Sign	ature:	Date:					
Amount Enclosed: (\$85 x	x # of part + \$75 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.

## TEXAS\*CHEERLEADER<sup>®</sup>

Thank you for competing with us!