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[®] School Team State Championship

Event Location: New Braunfels Convention Center			Event Date: Saturday, January 27th, 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:	<u>S</u> tate:	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,	Intermediate, Advanced)		
Name/Division:		Level:	# of Participa	nts on Squad:		
Name/Division:		Level:	# of Participa	nts on Squad:		
Name/Division:		Level:	# of Participa	nts on Squad:		
Name/Division:		Level:	# of Participa	nts on Squad:		
Name/Division:		Level:	# of Participa	# of Participants on Squad:		
Name/Division:						
# of Coaches/Advisors Attending:			# of Cross- c	# of Cross- overs (C/O):		
Participant Fee: \$85	Crossover Fee: \$75	Show Team: \$50	Spectator Fee: \$20	Parking Fee: Free		
Per Show Team Member <u>Deadline:</u> All Entries & Payments must be postmarked no later than January 5, 2024.						
Please	Cashier's Check payable to: To fax all entry information to: 41 Cheerleader • PO Box 3999	3-778-6600, then mail for	m and fees to:			
Policies:						
•	o adhere to the Texas Cheerle epted unless this entry form a	•				

Coach's Signature:	Date:
Parent or Guardian Signature:	Date:
Amount Enclosed: (\$85 x # of part + \$75 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.



Thank you for competing with us!