

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 Texas Cheerleader® All-Star Team State Championship

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|--|---|
| Event Location: New Braunfels Convention Center | Event Date: Sunday, January 28th, 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 www.texascheerleadermagazine.com or call Ross Martin at (512) 733-7716.

Level (1-5) All-Star – Schools (Novice, Intermediate, Advanced)

| | | |
|----------------------|--------------|-----------------------------------|
| Name/Division: _____ | Level: _____ | # of Participants on Squad: _____ |
| 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: \$85 Crossover Fee: \$75 Show Team: \$50 Spectator Fee: \$20 Parking Fee: FREE
Per Show Team Member

Deadline: All Entries & Payments must be postmarked no later than **January 5, 2022.**

Make Cashier's Check payable to: **Texas Cheerleader.**
 Please fax all entry information to: **413-778-6600**, then mail form and fees to:
Texas Cheerleader • PO Box 3999 • Cedar Park, TX 78630

Policies:

I have read and agree to adhere to the Texas Cheerleader® 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: (\$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.