## 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® 2-Day National Championship

Event Location: Freeman Coliseum - San Antonio, Texas	Event Date: Saturday, March 21st - Sunday, March 22nd,2026		
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:	<u>Z</u> ip:
Name of Head Coach:	Email Address	:	
Please list the division(s) for your school or organization in the participants on each squad. Fun Cheer® will adhere to the Ind visit <a href="www.funcheer.com">www.funcheer.com</a> or call Ross Martin at (512) 388-3470.	ustry Standard Ru		nformation, please
Name/Division:	Level:	# of Participants or	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 Cross-overs (C/O):		
Participant Fee: \$125 Crossover Fee: \$100 Show Team Per Show Team Member  Deadline: All Entries & Payments must be postmarked no late	•	ator Fee: \$25/Day- \$40/Wkd 8, 2026	Parking Fee: \$15 Paid to the Freeman Coliseum
Make Cashier's Check payable to: Fun Cheer Please fax all entry information to: 413-778-66 Fun Cheer • PO Box 3999 • Cedar Park, TX	00, then mail form	and fees to:	
<u>Policies:</u> I have read and agree to adhere to the Fun Cheer understand my entry will not be accepted unless this entry f			
Coach's Signature:	_Date:		
Parent or Guardian Signature:		Date:	
Amount Enclosed: (\$125 x # of part + \$100 x # of C/Os)	Chec	ck/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.