- 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® Spirit Splash® - School, REC and Dance Teams

	Fun Cheer® Spi	irit Splash® - School,	REC and Dance Teams	
Event Location: SPICC, South Padre Island, Texas		exas <b>Event Date:</b> S	Event Date: Saturday, May 2nd, 2026	
Contact Name:		School/Organi	School/Organization Name:	
Contact Home Phone: ()		School/Org Ph	School/Org Phone:	
Contact Cell Phone: ()		School/Org. Ad	School/Org. Address:	
Contact Address:		School/Org. Fa	School/Org. Fax:	
	State:		State:Zip:	
Name of Head Coach:		Email Address	::	
participants on each so visit www.funcheer.com	quad. Fun Cheer® will adl nor call Ross Martin at (51	nere to the Industry Standard Ru 2) 388-3470. Level (1-5) All	ease include the Name of the team and number of les and Guidelines. For more information, please I-Star – Schools (Novice, Intermediate, Advanced)	
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 Cross-overs (C/O):	
Participant Fee: \$60	Crossover Fee: \$50	Show Team: \$50 Per Show Team Member	Spectator Fee: \$20 per day	
Parking Fee: Free				
Deadline: All Entries	& Payments must be pos	stmarked no later than April 20,	, 2026.	
Policies:	Please fax all entry info	payable to: Fun Cheer. ormation to: 413-778-6600, then r 1999 • Cedar Park, TX 78630	mail form and fees to:	
		er® rules and regulations set fort ayment are received prior to the	th in this registration. I also understand my entry competition date.	
Coach's Signature:			Date:	
Parent or Guardian Sig	gnature:		Date:	
Amount Enclosed: (\$60	) x # of part + \$50 x # of C	C/Os)Check/N	Money Order #:	
Date mailed: (Entry for	m and payment)			

For Credit Card Payments, please complete the Credit Card Authorization Form. Return it, along with this form to our office.