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

Thank you for competing with us!

# Team Registration Form -
# Fun Cheer® Spirit Splash® - All-Star Teams Only

**Event Location:** SPICC, South Padre Island, Texas

**Event Date:** Saturday, May 3rd, 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:_____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. Fun Cheer® will adhere to the Industry Standard Rules and Guidelines. For more information, please visit www.funcheer.com or call Ross Martin at (512) 388-3470.

Level (1-5) All-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 postmarked no later than April 20, 2026.**

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

**Policies:**

I have read and agree to adhere to the Fun Cheer® 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: ($60 x # of part + $50 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.