

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® Regional Championship™

**Event Location:** Georgetown/Austin, Texas

**Event Date:** Sunday, November 11th, 2018

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](http://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: \_\_\_\_\_

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# of Coaches/Advisors Attending: \_\_\_\_\_

# of Cross-overs (C/O): \_\_\_\_\_

**Participant Fee: \$60**

**Crossover Fee: \$50**

**Show Team: \$50**

**Spectator Fee: \$10**

**Parking Fee: FREE**

**Deadline:** All Entries & Payments must be postmarked no later than **October 27, 2018**.

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: (\$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.**