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
Fun Cheer® Sweetheart Classic™

Event Location: Frisco Convention Center

Event Date: Sunday, February 14th, 2021

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: Name_____

City:_____State: Email Zip:_____

of Head Coach: _____

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**   **Spectator Fee: $15**   **Parking Fee: $5**
Per Show Team Member

Deadline: All Entries & Payments must be postmarked no later than **January 20, 2021**.

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.