## 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<sup>®</sup> 2 Day National Championship

Event Location: Freeman Coliseum - San Antonio, Texas	Event Date: Saturday, March 8th - Sunday, March 9th, 2025   School/Organization Name:   School/Org Phone:   School/Org. Address:		
Contact Name:			
Contact Home Phone:			
Contact Cell Phone:			
Contact Address:	School/Org. Fax:		
CityZip:	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 <u>www.funcheer.com</u> or call Ross Martin at (512) 388-3470.

	Level	(1-5) All-Star – Schools (Novice, Inter	mediate, Advanced)	
Name/Division:	Level:	# of Participants on	Squad:	
Name/Division:		# of Participants on	# 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	C/O):	
Participant Fee: \$125 Crossover Fee: \$100 Show Team: \$75 Per Show Team Member Spectator Fee: \$25/Day- \$40/Wkd Parking Fee: \$15 Paid to the Freeman Coliseum   Deadline: All Entries & Payments must be postmarked no later than February 10, 2025 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 Parking Fee: \$15 Paid to the Freeman Coliseum				
Policies: I have read and agree to adhere to th understand my entry will not be accepted unles		с С		
Coach's Signature:		Date:		
Parent or Guardian Signature:		Date:		
Amount Enclosed: (\$125 x # of part + \$100 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.