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® Flower Power™ Championship

Event Location: Strahan Coliseum - San Marcos, Texas			Event Date: Sunday, March 30th, 2025			
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 <u>www.funcheer.com</u> 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: \$75 Crossover Fee: \$65 Show Team: \$50 Per Show Team Member Spectator Fee: \$20/Day Parking Fee: Free 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: Free						
Policies: I have read and agree to adhere to the Fun Chee understand my entry will not be accepted unless this entry						
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.