## Steps to Register: Fax all forms to 413-778-6600

- 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> Spirit Splash<sup>®</sup> - School, REC and Dance Teams

Event Location: SPICC, South Padre Island, Texas	on: SPICC, South Padre Island, Texas Event Date: Saturday, May 3rd, 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: \$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 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** 

## 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.