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[®] Spirit Splash[®] - All-Star Teams Only

Event Location: SPICC, South Padre Island, Texas	Event Date: Saturday, May 4th, 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-Sta	ar – 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 Crossove	r Fee: \$50 Show Tea Per Show Tea	-	Spectator Fee: \$20 per day	
Parking Fee: Free	Ter Grow Tea			
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.