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

TEXAS*CHEERLEADER

1. Complete Registration Form

2. Complete Roster Form

Thank you for competing with us!

- 3. Complete Medical Release Form per athlete (bring to event)
- 4. Complete Credit Card Authorization form
- 5. Mail in Payment

Team Registration Form Texas Cheerleader® Open State Championship

| Event Location: University of North Texas - Denton | Event Date: Sunday, January 12th, 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: Name | City: | State:Zip: |
| of Head Coach: | _ Email Address | s: |
| Please list the division(s) for your school or organization in the participants on each squad. Texas Cheerleader® will adhere to please visit www.texascheerleadermagazine.com or call Ross N | o the Industry Star Martin at (512) 733 | ndard Rules and Guidelines. For more information, |
| 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: \$85 Crossover Fee: \$75 Show | / Team: \$50 Per Show Team | Spectator Fee: \$20 Parking Fee: \$5 |
| <u>Deadline:</u> All Entries & Payments must be postmarked no later | | |
| Make Cashier's Check payable to: Texas Che Please fax all entry information to: 413-778-66 Texas Cheerleader • PO Box 3999 • Cedar F | 00, then mail form | and fees to: |
| Policies: | | |
| I have read and agree to adhere to the Texas Cheerleader® rumy entry will not be accepted unless this entry form and payme | | |
| Coach's Signature: | | Date: |
| Parent or Guardian Signature: | | Date: |
| Amount Enclosed: (\$85 x # of part + \$75 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.