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 Texas Cheerleader[®] Open State Championship

Event Location: Salado Middle School - Salado, Texas	Event Date: Saturday, February 8th, 2025		
Contact Name:			
Contact Home 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. Texas Cheerleader® will adhere to the Industry Standard Rules and Guidelines. For more information, please visit <u>www.texascheerleadermagazine.com</u> or call Ross Martin at (512) 733-7716.

		Level (1-5)	All-Star – Schools (Novice	e, Intermediate, Advanced)	
Name/Division:		Level:	# of Participa	ants on Squad:	
Name/Division:		Level:	# of Participa	ants on Squad:	
Name/Division:		Level:	# of Participa	ants on Squad:	
Name/Division:		Level:	# of Participa	ants on Squad:	
Name/Division:		Level:	# of Participa	ants on Squad:	
Name/Division:		Level:	# of Participa	ants on Squad:	
# of Coaches/Advisors A	ttending:		# of Cross-c	overs (C/O):	
Participant Fee: \$85	Crossover Fee: \$75	Show Team: \$50 Per Show Team Member	Spectator Fee: \$20	Parking Fee: Free	
Deadline: All Entries & Payments must be postmarked no later than January 15, 2025					
Make Cashier's Check payable to: Texas Cheerleader . Please fax all entry information to: 413-778-6600 , then mail form and fees to: Texas Cheerleader • PO Box 3999 • Cedar Park, TX 78630					

Policies: I have read and agree to adhere to the Texas Cheerleader® 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: (\$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.

TEXAS*CHEERLEADER[®]

Thank you for competing with us!