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[®] All-Team National Championship[™]

Event Location: College Park Center, UT Arlington, Texas	vent Date: Sunday, March, 23rd, 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 www.funcheer.com or call Ross Martin at (512) 388-3470.

		Level (1-5) A	Level (1-5) All-Star – Schools (Novice, Intermediate, Advanced)		
Name/Division:	ne/Division:		# of Participa	# of Participants on Squad:	
Name/Division:		Level:	# of Participa	# of Participants on Squad:	
lame/Division:		Level:	# of Participa	_# of Participants on Squad:	
Name/Division:		Level:	# of Participants on Squad:		
Name/Division:		Level:	# of Participa	# of Participants on Squad:	
Name/Division:		Level:	# of Participants on Squad:		
# of Coaches/Advisors Attending: # of Cr		# of Cross-	overs (C/O):		
Participant Fee: \$100	Crossover Fee: \$90	Show Team: \$75 Per Show Team	Spectator Fee: \$20	Parking: Free	
Deadline: All Entries &	Payments must be postmarke	d no later than March 4,	2025.		
PI	ake Cashier's Check payable ease fax all entry information t exas Cheerleader • PO Box 3	o: 413-778-6600 , then m			
	nd agree to adhere to the ntry will not be accepted u		•		
Coach's Signature:		Date:	Date:		
Parent or Guardian Signa	Guardian Signature:Date:				

TEXAS*CHEERLEADER

Thank you for competing with us!

For Credit Card Payments, please complete the Credit Card Authorization Form. Return it, along with this form to our office.

Date mailed: (Entry form and payment)

Amount Enclosed: (\$100 x # of part + \$90 x # of C/Os)_____Check/Money Order #: _____