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

Thank you for competing with us!

Team Registration Form
All-Star Athletics™ School and All-Star Championship

Event Location: New Braunfels Civic Center - New Braunfels, TX **Event Date:** Sunday, January 31st, 2027

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. All-Star Athletics™ 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) 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: $75 **Crossover Fee: $65** **Show Team: $50** Per Show Team Member **Spectator Fee: $20** **Parking Fee: Free**

Deadline: All Entries & Payments must be postmarked no later than **January 17, 2027**.

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 All-Star Athletics™ 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: ($75 x # of part + $65 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.