

Thank you for competing with us!

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

Texas Cheerleader® OPEN State Championship – East Texas Registration Form

Event Location: Lone Star Convention Center - Conroe, TX

Event Date: January 9, 2011

Contact Name: _____ School/Organization Name: _____

Contact Home Phone: (____) _____ School/Org. Phone: (____) _____

Contact Cell Phone: (____) _____ School/Org. Address: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____ School/Org. Fax: _____

Email Address: _____

Name of Head Coach: _____

Please list the division(s) for your school or organization in the section below. Please include the team name and number of participants on each squad. Texas Cheerleader® will adhere to the USASF Rules and Guidelines. For more information, please visit www.texascheerleadermagazine.com or call Ross Martin at (512) 733-7716.

Level (1-5) – Schools (Novice, Intermediate, Advanced)

Name/Division: _____ # of Participants on Squad: _____

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Name/Division: _____ # of Participants on Squad: _____

Name/Division: _____ # of Participants on Squad: _____

Name/Division: _____ # of Participants on Squad: _____

of Coaches/Advisors Attending: _____ # of Crossovers**:

(**Indicate teams with CO's with asterisk (*))

Participant Fee: \$75.00 Spectator Fee: \$10.00

Parking Fee: Free Parking

Deadline: All Entries & Payments must be postmarked no later than December 18, 2011. Make Checks payable to: Texas Cheerleader®. Please fax all entry information to: **413-778-6600**, then mail forms 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 (\$75 x # of participants + \$55.00 x # of Crossovers): _____

Check/Money Order #: _____

Date mailed (Entry form and payment): _____

For Credit Card Payments, Please complete the Credit Card Authorization Form.