

## 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 – North Texas Registration Form

**Event Location:** University of North Texas, Denton, TX

**Event Date:** January 30, 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](http://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: \_\_\_\_\_

# 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 January 15, 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.