

## 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 Individual Registration Form

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

**Event Date:** November 1, 2009

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 individual competitors in the section below. Please include the number of competitors for each division. Texas Cheerleader® Magazine 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)

Division: \_\_\_\_\_ # of Competitors: \_\_\_\_\_

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Division: \_\_\_\_\_ # of Competitors: \_\_\_\_\_

Division: \_\_\_\_\_ # of Competitors: \_\_\_\_\_

# of Coaches/Advisors Attending: \_\_\_\_\_

Participant Fee: \$75.00    Spectator Fee: \$12.00    Parking Fee: Free Parking

**Deadline:** All Entries & Payments must be postmarked no later than December 27, 2009. Make Checks payable to: Texas Cheerleader® Magazine. Please fax all entry information to: **413-778-6600**, then mail forms and fees to:

**Texas Cheerleader® Magazine**

**PO Box 3999**

**Cedar Park, TX. 78630**

Policies:

I have read and agree to adhere to the Texas Cheerleader® Magazine 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): \_\_\_\_\_ Check/Money Order #: \_\_\_\_\_

Date mailed (Entry form and payment): \_\_\_\_\_

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