

**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:** 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 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.texascheerleadmagazine.com](http://www.texascheerleadmagazine.com) or call Ross Martin at (512) 733-7716.

Level (1-5)

Name/Division: \_\_\_\_\_ # of Competitors: \_\_\_\_\_

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Name/Division: \_\_\_\_\_ # of Competitors: \_\_\_\_\_

Name/Division: \_\_\_\_\_ # of Competitors: \_\_\_\_\_

Name/Division: \_\_\_\_\_ # of Competitors: \_\_\_\_\_

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

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® 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.