

SECTION 1 CHEERLEADING  
**REGISTRATION FORM**  
(Please Print)

Competition Attending:	Date of Comp:	
Send Payment To:		
<b>SCHOOL INFORMATION (REGISTERING)</b>		
School:	Team Name	School Colors:
School Address:	Phone	Mascot:
City:	State:	ZIP Code:
Athletic Director:	Email:	AD phone #: (     )
Please chose school size as well as division below:	Number of Athletes _____	<input type="checkbox"/> Large School <input type="checkbox"/> Small School
<input type="checkbox"/> Large Team <input type="checkbox"/> Small Team <input type="checkbox"/> Mixed	<input type="checkbox"/> Jr Varsity <input type="checkbox"/> Modified <input type="checkbox"/> Traditional	<input type="checkbox"/> Game Day <input type="checkbox"/>

<b>COACH INFORMATION</b>		
(Please fill out everything listed)		
Coach Name:	Phone #:	Email Address:
Coach Name:	Phone #:	Email Address:
Coach Name:	Phone #:	Email Address:

The above information is true. I authorize my team to attend the above competition. I understand that we are financially responsible for any balance. I understand there will be no refunds one week prior to the scheduled competition.

\_\_\_\_\_

*Coach*

\_\_\_\_\_

*Date*