

**American Cheer Power®  
NATIONAL CHEER TEAM REGISTRATION**

Varsity Plan: <b>Circle the competition you are attending:</b> Circle One: Southern All-Star Nationals Yes Northeast Nationals No West Coast Nationals	<b>Circle One that applies to your Gym:</b> <b>(does not apply to West Coast Nationals)</b> 100 or Less Athletes* 101+ Athletes* * Number of Athletes at your gym- EXCLUDES Show Teams & Dance Teams
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Fax Registration, Roster & Code of Conduct to: (281) 339-2976, 4 weeks prior to the competition.  
**MAIL COMPLIANCE FORMS - DO NOT FAX!**  
 Mail or Overnight to: American Cheer Power 201 Spruce Dickinson, TX 77539

\*Checks will only be accepted 3 weeks prior to competition from Gyms, Schools, Booster Clubs or Sponsors made payable to American Cheer Power®  
 NO INDIVIDUAL CHECKS.

**Note: A cashiers check, money order or credit card WILL BE THE ONLY FORMS OF PAYMENT ACCEPTED TWO WEEKS PRIOR TO THE COMPETITION!**

**PLEASE PRINT**

Competition Location & Date: \_\_\_\_\_

School/Gym Name \_\_\_\_\_ Coach's Name \_\_\_\_\_

School/Gym Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School/Gym Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School/Gym # \_\_\_\_\_ Fax # \_\_\_\_\_ Coach's Home # \_\_\_\_\_

Day Contact # \_\_\_\_\_ Email \_\_\_\_\_

Team Colors: \_\_\_\_\_

**★ATTENTION COACHES - READ CAREFULLY!★**

**1. ALL REGISTRATION FORMS & FEES ARE DUE 3 WEEKS PRIOR TO THE NATIONAL COMPETITION.**  
**2. PAYMENT AMOUNT WILL BE \$125.00 PER PARTICIPANT PER TEAM EVENT IF RECEIVED WEEK OF COMPETITION!**  
 (Cash, money order, cashier's check or credit card ONLY!)

**NO ADDS OR CHANGES WILL BE ACCEPTED THE WEEK OF THE COMPETITION!**

TEAM #	Name of Squad (Mark 3rd family members on rosters to receive discount)	Please use the corresponding numbers (1, 2, 3, 4, etc.) to indicate which teams have crossovers	All Star Rec League Public/Private School	ABILITY LEVEL: Levels 1, 2, 3, 4, 5, 6 Non-Mount - Levels 3 & 5 (School) Non-Tumbling - Level 5 Show Exhibition Special Athlete	Age as of May 31st (Highest & lowest grades for Schools/Rec)	# of boys	Age Division See Guidelines	Total # on team
1	EX: Treasure Planet Youth. Blue		All Star	Level 2	11 yrs & younger	0	Large Youth	24
2	EX: Treasure Planet Jr. Silver	1	All Star	Level 3	14 yrs & younger	0	Junior	18
3	EX: Howard Middle School Jr. Silver	1	School	Non-Mount - Level 5	9 <sup>th</sup> & Under	0	Junior	18
1								
2								
3								
4								
5								

**LIST SCHEDULING CONFLICTS HERE FOR EMERGENCY SITUATIONS:**

Total number of athletes participating in team events # _____	
<b>IF PAYMENT IS RECEIVED 3 WEEKS PRIOR TO COMPETITION PAY BELOW:</b>	
# _____ X \$105 per participant per team event	\$ _____
# _____ X \$75 Crossover Fee per participant for each additional team event	\$ _____
# _____ X FREE per participant for SPECIAL ATHLETE TEAMS	\$0.00
PARENT CHALLENGE TEAM (Includes: Competition Fee, Weekend Pass, T-shirt, Team Trophy & Banner)	
# _____ X \$55 per parent on team # _____ of Coaches participating Free	\$ _____
# _____ Parent Pit Pass (2 per team) NOTE: PARENTS MUST ALSO HAVE PURCHASED THEIR SPECTATOR'S BAND PRIOR TO BEING ALLOWED TO ACCESS THE PARENT PIT AREAS! # _____ Free Coaches' Passes & Gift	#P _____ #C _____
# _____ x \$50 Open/College Cheer per participant per team	\$ _____
PRE-PAID SPECTATOR WEEKEND PASS # _____ X \$30, IF RECEIVED 3 WEEKS PRIOR TO THE COMPETITION	ADD \$25 TO FED EX PASSES \$ _____
<b>IF PAYMENT IS RECEIVED THE WEEK OF COMPETITION PAY BELOW:</b>	
# _____ X \$125 per participant per team	\$ _____
(CASH, MONEY ORDER, CASHIER'S CHECK OR CREDIT CARD ONLY)	
# _____ X \$95 Crossover Fee per participant for each additional team event	\$ _____
(CASH, MONEY ORDER, CASHIER'S CHECK OR CREDIT CARD ONLY)	
INDIVIDUAL TOTAL: FROM NATIONAL INDIVIDUAL REGISTRATION FORM	\$ _____
SUB-TOTAL	\$ _____
DEDUCT -3rd Family Member Discount (Note: Each member must be marked on roster(s) to receive the \$25 discount) # _____ X \$25	-\$ _____
# _____ Sponsored Athlete (1 per Team)	-\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>

Paying by (Circle): Money Order \*Check Cashier's Check Credit Card: MasterCard Visa Discover American Express

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Name of cardholder (print) \_\_\_\_\_

Signature \_\_\_\_\_ Grand Total amount to charge (plus \$5 processing fee) \$ \_\_\_\_\_

FOR OFFICE USE ONLY Tables: \_\_\_\_\_ Data: \_\_\_\_\_ Ros: \_\_\_\_\_ Pay: \_\_\_\_\_ Sch: \_\_\_\_\_ Other \_\_\_\_\_