SUMMER NATIONALS - INDIVIDUAL EVENT REGISTRATION
NO SPECTATOR FEES

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 cashier's check, money order or credit card will be the ONLY FORMS OF PAYMENT ACCEPTED 2 Weeks Prior to the Competition

PLEASE DOWNLOAD CREDIT CARD AUTHORZATION FORM FROM WEBSITE AND FAX TO: (281) 339 - 2976

PLEASE CHECK ONE: ☐ **6/12-13/2010 -BEACH BATTLE - PADRE ISLAND, TX** ☐ **6/19/2010 -SUMMER BATTLE - COLUMBUS,OH- FATHER'S DAY GIFT**

PLEASE PRINT

Gym/School Name_____ Coach's Name_____

Gym/School Address _____ City _____ State _____ Zip _____

Gym/School Mailing Address _____ City_____ State _____ Zip _____

Coach's email_____ Coach's Day(cell) #_____ Gym/School # _____ Fax # _____

PLEASE PROVIDE CONTACT INFORMATION FOR THIS COMPETITION BELOW (IF DIFFERENT FROM ABOVE):

Contact Name _____ Contact Day(cell) # _____ Contact Email_____

★ ALL INDIVIDUALS MUST PUT THEIR AGE AS OF AUGUST 31, 2009★

★★ATTENTION - PLEASE READ CAREFULLY!★★
Those competing with their team should add the individual total to the team registration form.

Athlete's First & Last Name (List Partner Stunt & Groups - one after the other placing a box around the group)	Male/Female	AGE (as of 8-31-09)	Crowd Pleaser	Crowd Pleaser Group	Best Cheerleader	Best Cheerleader Group	Elite Best Cheerleader	Elite Best Cheerleader Group	Jump Only	Cheer Only	Tumble Pass	Partner Stunt	Group Stunt	Best Dancer – Jazz	Best Dancer – Hip-Hop	Best Dancer - Lyrical	Dance Group	TOTAL EVENTS	SUB-TOTAL AMOUNT (Before 3rd Family Discount)	TOTAL AMOUNT (After 3rd Family Discount)
DEDUCT* - 3rd Family Member Discount will be given to the family member who is competing In the least total number of events** ***(NOTE: Each member must be competing in Individuals & marked on registration form with an * to receive the $25 discount)																				
EX: Karen Jones*	F	15		1				2						X				3	$255	$255
EX: Stephanie Smith	F	14		1														1	$85	$85
EX: Tim Jones* - 3rd Family Discount	M	12						2						X				2	$170	$145
EX: Sara Jones*	F	8	X				X									X		3	$255	$255

INDIVIDUAL 1ST EVENT - COMPETITION & CLINIC - $85 per participant for 1st event	# _____ X $85 per participant for 1st event	$
INDIVIDUAL 1ST EVENT - COMPETITION ONLY- $60 per participant for 1st event	# _____ X $60 per participant for 1st event	
INDIVIDUAL 2nd PLUS EVENTS	# ____ X $50 per participant per each additional event	$
CLINIC ONLY	# _____ X $35 per participant for 1st event	$
*****Add this total to team registration (if teams are competing)*****	**TOTAL AMOUNT**	$

FOR OFFICE USE ONLY **Tables:** _____ **Data:** _____ **Ros:** _____ **Pay:** _____ **Sch:** _____ **Other**_____

revised 10/29/2009