

**AMERICAN CHEER POWER/POWER DANCE  
SUMMER NATIONALS - TEAM REGISTRATION  
SPECTATORS ENTER FREE AT COMPETITION**

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 AUTHORIZATION FORM FROM WEBSITE AND FAX TO: (281) 339 - 2976

<b>PLEASE CHECK ONE:</b>	<input type="checkbox"/> 6/12 & 13/2010 -BEACH BATTLE- SOUTH PADRE ISLAND, TX <input type="checkbox"/> 6/19/2010 -SUMMER BATTLE, COLUMBUS, OH - FATHER'S DAY GIFT	<b>Check One that applies to your Gym:</b>	<input type="checkbox"/> 75 or Less Athletes* <input type="checkbox"/> 76+ Athletes*	<b>* Number of Athletes in your gym- EXCLUDES Show Teams &amp; Dance Teams</b>
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**AWARDS**

All Teams Placed out with a Team Trophy  
High Point Champions Receive a Champion Award  
Champions Receive Gold Medallions & Team Trophy  
All Second & Third Place Teams receive Silver & Bronze Medallions  
All Participants receive a gift

PLEASE CHECK IF YOU ARE ENROLLED IN THE VARSITY FAMILY PLAN:

**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 _____
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Team # Please use this number on the Roster	Name of Team	All Star Dance Studio Rec League Public/Private School	ALL-STAR CHEER ABILITY LEVEL 1, 2, 3, 4, 2, 4, 5, 6 RECREATION ABILITY LEVEL 1, 2, 3 SCHOOL ABILITY LEVEL Novice, Intermediate, Advanced, Non-Building, Non-Tumbling, Sideline, Fight Song, Time Out Dance DANCE CATEGORY Jazz, Hip-Hop, Pom, Lyrical, Prop, Variety, Production, Open NON-COMPETING Show, Exhibition, Special Athlete	Age Division (See Guidelines)	Please list how many Crossovers you have on each team	# of boys	Total # on team
1	<b>EX:</b> Treasure Planet Youth Blue	All Star	Level 2	Youth	4	0	24
2	<b>EX:</b> Treasure Planet Jr Hip-Hop	All Star	Hip-Hop		2	0	18
1							
2							
3							
4							
5							
6							
7							
8							

**Total number of athletes participating in team events: #**

**LIST SCHEDULING CONFLICTS HERE:**

<b>TEAM COMPETITION &amp; CLINIC - \$95 per participant</b>	# _____ X \$ _____ per participant	\$
<b>TEAM COMPETITION ONLY - \$65 per participant</b>		\$
<b>CLINIC ONLY - \$35 per participant</b>		\$
<b>CROSSOVER FEE - \$30 per participant</b>	# _____ X \$30 per participant each additional team	\$
<b>SPECIAL ATHLETE TEAM</b>	# _____ X \$0 per participant	\$0.00
<b>SPONSORED ATHLETE</b>	# _____ x \$35 per participant for Clinic Only(Free Team Competition Fees)	\$
<b>Coaches Passes</b>		<b>#</b>
<b>INDIVIDUAL TOTAL: FROM INDIVIDUAL REGISTRATION FORM</b>		<b>\$</b>
<b>SUB-TOTAL</b>		<b>\$</b>
<b>DEDUCT -3rd Family Member Discount ( Note: Each member must be marked on roster(s) to receive the \$25 discount) # _____ X \$25</b>		<b>-\$</b>
<b>TOTAL</b>		<b>\$</b>

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