AMERICAN CHEER POWER/POWER DANCE
OPEN TEAM 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 that Applies to Your Gym:	☐ 75 or Less Athletes*	☐ 76+ Athletes*	*Number of Athletes in your gym - EXCLUDES Show Teams & Dance Teams

Please Check One:			
	☐ 11/8/09 DeKalb,IL- Patriotic	☐ 1/10/10 Garland,TX - Fabulous "50's"	☐ 3/6/10 Broken Arrow,OK- Oklahoma State***
	☐ 11/21/09 Oklahoma City,OK- Patriotic	☐ 1/10/10 Upper Marlboro,MD-Fabulous "50's"	☐ 3/13/10 Galveston,TX- Texas State Open
	☐ 12/5/09 Columbus,OH- Christmas	☐ 2/21/10 Lakeland,FL - Fabulous "50's"	☐ 3/14/10 Cincinnati,OH- St. Patty's Day
	☐ 12/12/09 Houston,TX- Christmas	☐ 2/21/10 Corpus Christi,TX- South Texas Open	***This competition is Hosted by the School as a fundraiser therefore Spectators will be charged $5 to get into the competition
	☐ 12/13/09 San Antonio,TX- Christmas	☐ 2/28/10 Huntington,WV-Fabulous "50's"	

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_____

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, Sideline, Fight Song, Time Out Dance **DANCE CATEGORY** Jazz, Hip-Hop, Pom, Lyrical, Prop, Variety, 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	**EX:** Treasure Planet Youth Blue	All Star	Level 2	Youth	4	0	24
2	**EX:** Treasure Planet Jr Hip-Hop	All Star	Hip-Hop	Junior	2	0	18
1							
2							
3							
4							
5							
6							
7							
8							

Total number of athletes participating in team events:	#

LIST SCHEDULING CONFLICTS HERE:

EARLY BIRD-$69 per Participant -If Registered & paid 3 weeks prior to event	#_____ x $ _____per participant	**$**
ON-TIME - $79 per Participant -If Registered & paid 2 weeks prior to event		
LATE FEE - $84 per Participant - If Registered within 1 week of event		
CROSSOVER	# _____ X $30 per participant each additional team	**$**
SPECIAL ATHLETE TEAM	# _____X $0 per participant	**$0.00**
OPEN / COLLEGE TEAM	# _____ X $35 per participant	**$**
PARENT CHALLENGE TEAM (Includes: Competition Fee, Park Pass, T-shirt & Team Trophy)	#_____X $55 per parent on team #___of Coaches participating FREE	**$**
	Coaches Passes	**#**
	INDIVIDUAL EVENTS TOTAL: FROM INDIVIDUAL EVENTS REGISTRATION FORM	**$**
	SUB-TOTAL	**$**
DEDUCT -3rd Family Member Discount *(**Note** : Each member must be marked on roster(s). Discount will only apply to the 3rd + sibling(s))* # ____ X $25		**- $**
Sponsored Athlete(s) (1 per Team)	# ____ x $____ per participant	**- $**
	TOTAL AMOUNT	**$**

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