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## TEAM REGISTRATION

Please print all information.

SCHOOL OR REC TEAM NAME: \_\_\_\_\_

COACH OR SPONSOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TEAM ENTRIES

PLEASE COMPLETE THE FOLLOWING ROSTER FOR ALL SQUAD MEMBERS-USE BACK IF NECESSARY

NAME	GRADE	NAME	GRADE
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

PLEASE CIRCLE **ALL** CATEGORIES IN WHICH YOUR TEAM WILL COMPETE. **MUST COMPETE IN AT LEAST 3 CATEGORIES TO BE ELIGIBLE TO COMPETE FOR GRAND CHAMPION TROPHY.**

CHEER/CHANT ONLY

CHEER/CHANT W/STUNT

DANCE

Half-Time Routine

K-2 SHOW TEAM

#### ENTRIES:

K-2 SHOW TEAM	NUMBER OF TEAM MEMBERS	_____ X \$40.00 = _____
1 CATEGORY	NUMBER OF TEAM MEMBERS	_____ X \$ 40.00 = _____
2 CATEGORIES	NUMBER OF TEAM MEMBERS	_____ X \$ 50.00 = _____
3 CATEGORIES	NUMBER OF TEAM MEMBERS	_____ X \$ 60.00 = _____
4 CATEGORIES	NUMBER OF TEAM MEMBERS	_____ X \$ 70.00 = _____
Additional Coach Pass (1)		_____ X \$ 25.00 = _____
<b>TOTAL AMOUNT DUE</b>		<b>\$ _____</b>

PLEASE MAKE CHECKS PAYABLE TO CHEER FOR A CURE. MAIL CHECKS TOGETHER WITH ALL REGISTRATION AND ORDER FORMS TO CHEER FOR A CURE P.O. BOX 402 CATOOSA, OK 74015. PLEASE EMAIL US AT [info@cheerforacureok.com](mailto:info@cheerforacureok.com) WITH ANY QUESTIONS YOU MAY HAVE.