



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 \$30.00 = _____
1 CATEGORY	NUMBER OF TEAM MEMBERS	_____ X \$ 35.00 = _____
2 CATEGORIES	NUMBER OF TEAM MEMBERS	_____ X \$ 45.00 = _____
3 CATEGORIES	NUMBER OF TEAM MEMBERS	_____ X \$ 55.00 = _____
Additional Coach Pass		_____ X \$ 25.00 = _____
TOTAL AMOUNT DUE		_____

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@cheerforcureok.com WITH ANY QUESTIONS YOU MAY HAVE.