Open College Registration Form

College/University Name _____

Be sure to list name as you want it to appear in published materials.

City & State of College/University _____

❑ Name of Head Coach or ❑ Person responsible for paperwork _____

Address where you wish to receive Nationals information (❑ Home ❑ School - check one that applies)

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ School Phone _____

Email (Required) _____ Fax _____

Division(s): Go to Cheerltd.com for appropriate division titles.

Team 1 Division: _____

Competitors:
Female _____ Male _____ **Total** _____

Coach(es): _____

_____

Team 2 Division: _____

Competitors:
Female _____ Male _____ **Total** _____

Coach(es): _____

_____

Note: Registered coaches will receive coach credentials. Each school must have at least one registered coach.

Individual Cheerleader Name: _____ Division: _____

Individual Cheerleader Name: _____ Division: _____

Stunt Group Name: _____ Division: _____

Stunt Group Name: _____ Division: _____

Acceptance

By submitting this form, I confirm that I have included the appropriate deposit/payment and that I will comply with all policies regarding registration/payment for the Cheer Ltd. Open College Championships, including payment in full by February 5, 2009. I also confirm that I have reviewed the official Cheer Ltd. Competition Guidelines and AACCA College Safety Rules with my team members. On behalf of my team, I hereby verify that the members of my team are all currently enrolled students at the same college/university named above.

_____ _____

Coach's Signature Date Administrator's Signature Date

Deposit/Payment Information: Total Amount Paid $ _____

❑ Deposit of $300 due with registration form ❑ Full payment of $750

❑ School/Organization Check (until February 5, 2009)

❑ Money Order/Cashier's Check

❑ Visa ❑ MasterCard

Card No. __ __ __ __/__ __ __ __/__ __ __ __/__ __ __ __ Exp __ __/__ __

Vcode (Last 3 digits on security code on back side of card) __ __ __

Credit Card Billing Address _____

_____

Cardholder Name _____

Signature of Cardholder _____

No personal checks accepted. Make one payment per team.

Register by mail (check or credit card) or fax (credit card only):
Cheer Ltd Open College Championships 2009 • Fax: 910-488-4618
• 118 Ridgeway Drive, Suite 101
Fayetteville, NC 28311

FOR OFFICE USE ONLY: Date Received _____ Initials _____
Deposit Rec'd: $ _____ ❑ Check # _____
❑ M.O./Cashier's ❑ Visa ❑ MC Approval _____

www.cheerltd.com
Mail To: 118 Ridgeway Dr, Ste 101
Fayetteville, NC 28311

cheer ltd NATIONALS at CANAM
March 21, 2009 Myrtle Beach SC

800 477 8868
Fax To: 910 488 4618