

Registration Form Part 1

Team/Gym/School/Program Name _____

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

City & State of Team/Gym/School/Program _____

Name of Head Coach or Person responsible for paperwork _____

Please check all safety certifications you currently hold:

AACCA NCSSE ASEP CPR Red Cross First Aid Other: (please specify) _____

Address where you wish to receive CANAM information (Home Gym/School - check one that applies)

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone (required) _____

Work Phone _____ School/Gym Phone _____

Email (Required) _____ Fax _____

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

Team 1 _____ Division: _____ Level* _____

Team 2 _____ Division: _____ Level* _____

Team 3 _____ Division: _____ Level* _____

Team 4 _____ Division: _____ Level* _____

Team 5 _____ Division: _____ Level* _____

Team 6 _____ Division: _____ Level* _____

*All-Star Teams Only

How did you qualify? Regional Video Camp Softe Spirit Opens Defending Champion

International Cheerleader: Name _____ Division: _____

International Stunt Group: Name _____ Division: _____

Coaches:

Name(s) _____ Name(s) _____

Name(s) _____ Name(s) _____

Name(s) _____ Name(s) _____

Name(s) _____ Name(s) _____

Name(s) _____ Name(s) _____

Note: Coaches not on a CANAM package plan will not be issued credentials. There must be at least one coach registered per team.

*** Please note any changes made to this original form need to be made in writing and faxed to (910) 488-4618**

Competition Guidelines Acceptance: I have reviewed the official Cheer Ltd Competition and Safety Guidelines and the NFHS or USASF Safety Rules and Guidelines with my team members and their parents. On behalf of my team, my gym/program/school and all team parents, I hereby accept these Guidelines as the governing rules and agree to adhere to the policies, penalties and procedures contained herein. I hereby verify that the members of my team meet the age/grade criteria of the division(s) designated above.

Coach's Signature _____

Date _____

Gym/School/Organization Administrator's Signature _____

Date _____

www.cheerltd.com

Mail To: 118 Ridgeway Dr, Ste 101
Fayetteville, NC 28311



March 19-21, 2010 Myrtle Beach SC

800 477 8868

Fax To: 910 488 4618

Registration Form Part 2

Type of CANAM Package Plan Requested: (Check One) Ultimate Housing Package Standard Housing Package Competition-Only

Housing Package Reservations: (for Ultimate Housing and Standard Housing Packages only)

Total number of nights to be housed:
 3 nights 4 nights

Check the nights you plan to stay:
 Thursday, March 18 Saturday, March 20
 Friday, March 19 Sunday, March 21
 Monday, March 22

*Be sure to fill out the following information completely to ensure reservations accuracy. Teams registering late are subject to hotel availability. Contact Cheer Ltd to request additional nights.

Total No. of people on Package Plan:

_____ Cheerleaders/Dancers
 _____ Alternates
 _____ Coaches
 _____ Parents/Spectators
 _____ **TOTAL***

Total No. of each room type needed:

_____ Quad Rooms x 4 people/room = _____
 _____ Triple Rooms x 3 people/room = _____
 _____ Double Rooms x 2 people/room = _____
 _____ Single Rooms x 1 person/room = _____
TOTAL* _____

Total No. of Housing Package Plans Purchased _____ *

*Each of these **totals** should be the same number

Competition-Only Reservations:

Total No. of Participants on Competition-Only Plan:
 _____ Cheerleaders/Dancers
 _____ Alternates
 _____ Coaches
 _____ Dance Team Members only
 _____ Special Needs Team Members
 _____ **TOTAL**

Super Early Bird Registration:

We are taking advantage of:

The Super Early Bird Registration Option.

I understand that this non-refundable deposit* is due to Cheer Ltd by November 2, 2009.

Deposit of \$1,000 per team (or \$500 per team with 4 or more teams) must be enclosed and will be applied to the total amount of our team invoice. *Deposit will be refunded if your score fails to qualify at a Cheer Ltd Competition held after the due date.

Need Housing? Visit www.cheerltd.com/comps

By submitting this form, I confirm that I have included the appropriate deposit and that I will comply with all policies regarding registration/payment for Cheer Ltd Nationals at CANAM 2010, including payment in full by February 5, 2010. (See Policies, Dates & Deadlines)

Payment Information: Total Amount Paid \$ _____ Full Payment \$1,000 Super Early Non-Refundable Deposit
 \$1,000 per team Standard Deposit

School/Organization Check (until February 5, 2010) Money Order/Cashier's Check

Visa MasterCard

Card No. _____/_____/_____/_____ Expiration ____/____

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

Credit Card Billing Address _____

Cardholder Name _____

Signature of Cardholder _____

Register by mail (check or credit card) or fax (credit card only):

**Cheer Ltd Nationals at CANAM 2010 • Fax: 910-488-4618
 118 Ridgeway Drive, Suite 101 • Fayetteville, NC 28311**

Yes, please include out team in the Friendship Exchange!

Friendship exchange is not available after February 1, 2010.

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

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