

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 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 _____

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

Team 1 Division _____ Team 2 Division: _____

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

Coach Name(s) _____ Coach Name(s) _____

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

Individual Cheerleader: Name _____ Division: _____

Individual Cheerleader: Name _____ Division: _____

Individual Stunt Group: Name _____ Division: _____

Individual 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 the policies regarding registration/payment for the Cheer Ltd Open College Championships, including payment in full by Feb 5, 2010. I also confirm that I have reviewed the official Cheer Ltd Competition and Safety 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 _____

Payment Information: Total Amount Paid \$ _____

Deposit of \$300 due with registration form Full Payment of \$800

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 _____

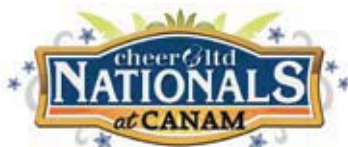
Signature of Cardholder _____

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 2010
118 Ridgeway Drive, Suite 101
Fayetteville, NC 28311
Fax: 910-488-4618

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



March 19-21, 2010 Myrtle Beach SC

800 477 8868

Fax To: 910 488 4618