

CHEER & DANCE FOR HUMANITY 2010 REGISTRATION FORM

Registration for the 2010 Cheer & Dance for Humanity competition may be completed as follows:

Registration Forms and Fees must be received on or before the designated deadline. Team checks must be made payable to: **Cheer for Humanity**
 Send completed Registration Forms and non-refundable registration fees via US Mail to: Cheer & Dance for Humanity, MTSU, KUC, PO Box 17, Murfreesboro, TN 37132
 Upon receipt of your registration forms and fees, you will receive via email a confirmation letter and registration packet containing specific event information.

All correspondence will be sent to the individual listed as the Contact Person on each Registration Form.

School/Gym/Organization Name
Street Address
City/State/Zip
Day Phone/Evening Phone
School/Gym Phone
School/Gym Fax
Coach/Director Name (Contact Person)
Mobile Phone
E-mail Address

Payment Information:

Check / Money Order _____ Discover _____

Visa _____ MasterCard _____ American Express _____ (Check One)

Card Number: _____

Expiration Date: Month _____ Year _____

Amount To Be Charged: _____

Card Holder's Phone Number: _____

Print Name As It Appears On Card
Billing Address Of Card Holder
City/State/Zip

THIS SECTION MUST BE SIGNED IN ORDER TO PROCESS:

Signature

PAYMENT CHART
COMPETITION / EVENT NAME
Cheer for Humanity - MTSU
Total Number of Participants x \$25 =
Registered on or before January 15, 2010 subtotal
LATE REGISTRATION
Total Number of Participants x \$30 =
Registered after January 15, 2010 subtotal
CROSSOVERS / DOUBLE DUTY
Total Number of Participants x \$10 =
subtotal
PAYMENT TOTAL
Sum of all subtotals = TOTAL

Cancellation Policy: All registration fees are NON-REFUNDABLE, however if a participant cancels from your registration (regardless of the reason) and you replace that participant with another participant, you CAN use the fee of the original participant.

Late Registration Fee Policy: Per participant late fee of \$5.00 applies for registrations received after January 15, 2010.

For office use only:
 Date Received: _____ Amount: _____

For information, contact Doug Daigle
 (615) 494-8907



DOUBLE DUTY PARTICIPANTS

Please list team names and divisions of all double-duty competitors that could have conflicts in competition times. While we do make every effort to give your team members sufficient time to compete on two or more teams, we cannot guarantee more than a 20 minute separation between competition times. Note that warm-up times may overlap.

TEAM NAME				TEAM NAME
TEAM DIVISION]	SHARES WITH	[TEAM DIVISION
TEAM NAME				TEAM NAME
TEAM DIVISION]	SHARES WITH	[TEAM DIVISION
TEAM NAME				TEAM NAME
TEAM DIVISION]	SHARES WITH	[TEAM DIVISION
TEAM NAME				TEAM NAME
TEAM DIVISION]	SHARES WITH	[TEAM DIVISION

SQUAD / TEAM LIST

(List each participating squad & Number of Participants)

Division	# Participants
Division	# Participants
Division	# Participants
Division	# Participants
Division	# Participants
Division	# Participants

Add Additional Sheet If Necessary