

2009 NATIONAL YOUTH CHEERLEADING CHAMPIONSHIPS

Cheer Squad Official Registration Form - for competing squads only!

Event Host: Sports Network International
 775 Fentress Blvd. / Daytona Beach, FL 32114
 800/327-9311 ★ 386/274-1919
 email) cheer@thenationals.net / website) cheer.thenationals.net

Event Location:
Ocean Center Arena
 101 N. Atlantic Ave.
 Daytona Beach, FL 32114
PLEASE TYPE or PRINT CLEARLY

Section 1 League Information	Team Name (example: River City Spirit)		League Name (example: Southern Florida Youth Football & Cheer Association)	
	Total years your team has been in this league (estimate is fine)		Commsioner Home Phone () -	
	League Commissioner Name / Address		Commissioner Cell Phone () -	
	City, State, Zip Code			
	A valid Email address is vital. Please list either your league address or commissioner personal		Email Address (show each character) Example: c o a c h f r e d @ a o l . c o m	

Make sure to receive Confirmation of your acceptance into the event BEFORE making travel arrangements!

This person will coordinate and organize all paperwork & finances for your team and all attending spectators. This person MUST have computer access to download the Team Folder, enter & track team information online and send/receive emails.				
Section 2 Trip Manager	Trip Manager (First Name, Last Name)		Home Phone () -	
	Address		Work Phone () -	
	City, State, Zip Code		Cell / Pager () -	
	We MUST have a valid Email address. Provide either yours or another coach you work with.		Email Address (show each character) Example: s u z i e 2 5 @ v a h o o . c o m	

This invitation does not contain all of the information you will need to attend. After you register you will receive a link to download additional paperwork including the complete event Rules & Procedures.

Fill in this information and we will contact the cheer coach directly regarding their attendance. If the cheer squad is coordinating their attendance through the trip manager listed above, please send the cheer registration fee with this application.

Section 3 Cheer Coach	Head Cheer Coach (First Name, Last Name)		Home Phone () -	
	Address		Work Phone () -	
	City, State, Zip Code		Cell / Pager () -	
	We MUST have a valid Email address. Provide either yours or someone close to you.		Email Address (show each character) Example: c h e e r m o m @ a t t . c o m	

Please ensure the information on this form is accurate - especially the phone numbers and email addresses. Contact is critical!

Section 4 FB Team Information	Team Colors	How is your team identified within the league? (Examples: Lions / Midgets / Pee Wees / Juniors / Gold)		
	and	Birthdate (month & year) of the OLDEST cheerleader you plan to bring.		Month / Year
		Expected Number of cheerleaders on your squad planning to attend.		
		Expected Number of parents with your squad planning to attend.		
		Type of birthdate verification you plan to bring with you to the event. <small>(Birth Certificate / Laminated Photo League ID cards)</small>		

A SEPARATE Registration Form MUST be completed for each Cheer Squad attending - even if they have the same Trip Manager.

Section 5 Reg. Fees	I HAVE ENCLOSED THE TEAM REGISTRATION FEE (payable to SPORTS NETWORK INTERNATIONAL) AS INDICATED BELOW TO ENTER THE 2009 NATIONAL YOUTH CHEERLEADING CHAMPIONSHIPS. I UNDERSTAND THAT THIS REGISTRATION FEE IS COMPLETELY NON-REFUNDABLE if my team/squad is accepted to attend.	
	<input type="checkbox"/> \$100.00 per Cheer Competition Registration Fee (on or BEFORE 09/15/09)	
	<input type="checkbox"/> \$125.00 per Cheer Competition Registration Fee (AFTER 09/15/09)	
	\$ _____ Total Enclosed	Person submitting form-Print: _____

In submitting this registration form & fee, our team agrees to all items outlined in the NYFC invitation, including the requirement that all teams must attend through a Team Package Plan. Further details regarding these plans are located on the NYFC website: www.thenationals.net. After your registration is accepted, your team Trip Manager will receive email and written confirmation and can then download all event materials.

Sign: _____ Date: _____