

Sunday December 8, 2019
 Timber Creek High School
 Erial, NJ



Contact Information:

Organization Name	Contact Person
Mailing Address	City State Zip Code
Phone Number	Email Address
Team Colors	

Team Divisions: (see website for Division Clarification and Rules)

Team 1	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 2	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 3	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 4	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 5	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 6	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 7	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 8	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 9	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:
Team 10	Division & Level	# of Athletes	# of Crossovers	Crossing to what teams:

Coaches: Two coaches per registered team are FREE. Any additional coach is \$5.00 per coach.

Please list all coaches below.

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

Please make copies as needed



Payment Form

Number of teams:

Early:	_____	X	\$125	=	_____
On Time:	_____	X	\$150	=	_____
Late:	_____	X	\$175	=	_____

Number of Individuals:

Early:	_____	X	\$25	=	_____
On Time:	_____	X	\$30	=	_____
Late:	_____	X	\$35	=	_____

Number of Stunt Groups:

Early:	_____	X	\$30	=	_____
On Time:	_____	X	\$35	=	_____
Late:	_____	X	\$40	=	_____

Number of Additional Coaches:

_____	X	\$5	=	_____
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Total Amount Enclosed = _____

Please make check's payable to "Spirit Extreme"

Please mail Registration Forms to:

<p>Spirit Extreme Attn: Liz Rodier 1735 Kings Highway Swedesboro, NJ 08085 spiritextreme@gmail.com 1-856-383-4981</p>
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Additional Information:

<p>All payments must be received at the time of registration. Please note that teams will not be added to the schedule unless registration and payment has been received. Exhibition only registration is \$50 per team. CheerAbilities registration is Free.</p>
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Competition Rules and Regulation Acceptance:

<p>By signing below, I have reviewed the official Spirit Extreme Rules and Guidelines, the Judging and Scoring Guidelines, and the appropriate set(s) of safety rules with my coaches, 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 policies, penalties and procedures contained therein. I understand the deadlines which are set forth by Spirit Extreme. I hereby verify that all athletes of my team(s) meet the age criteria for the division(s) designated above. I hereby verify that all music played during my team(s) performance(s) adhere to the U.S. copyright laws related to music.</p>
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X _____
Coach's Signature

Date

**Please submit an excel team Roster Template via email to spiritextreme@gmail.com.
Please contact us with any questions.**

SPIRIT EXTREME

Stunt Group & Individual Registration Form

Event Name _____
Organization Name _____
Coach Name _____

Please circle one of the following:

Stunt Group

Individual

Name of Participant	Division	Age

Please make copies as needed