



JUNIOR HIGH / HIGH SCHOOL

Registration

Saturday, January 14

- > **Deadline for Full Payment & Registration is December 15.**
- > **No Team Number changes after December 15.**
- > **Division changes after December 15 will be charged a \$300.00 fee payable prior to the competition.**

Name of School as it should appear on Performance Schedule _____

Contact Person/Coach _____

Address _____

Contact's Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Home Phone _____

Email _____ **Required – confirmation and updates will be sent via email**

Cell Phone _____ **Required**

✓ DIVISION	# on Squad	✓ DIVISION	# on Squad	✓ DIVISION	# on Squad
<input type="checkbox"/> HS Small Novice	_____	<input type="checkbox"/> HS Small Advanced	_____	<input type="checkbox"/> JH/MS Novice	_____
<input type="checkbox"/> HS Medium Novice	_____	<input type="checkbox"/> HS Medium Advanced	_____	<input type="checkbox"/> JH/MS Intermediate	_____
<input type="checkbox"/> HS Large Novice	_____	<input type="checkbox"/> HS Large Advanced	_____	<input type="checkbox"/> JH/MS Advanced	_____
<input type="checkbox"/> HS Small Intermediate	_____	<input type="checkbox"/> HS Coed Advanced	_____	<input type="checkbox"/> JH/MS Time Out Cheer	_____
<input type="checkbox"/> HS Medium Intermediate	_____	<input type="checkbox"/> HS Time Out Cheer	_____	<input type="checkbox"/> JH/MS Fight Song	_____
<input type="checkbox"/> HS Large Intermediate	_____	<input type="checkbox"/> HS Fight Song	_____	<input type="checkbox"/> JH/MS Time Out Dance	_____
<input type="checkbox"/> HS Coed Intermediate	_____	<input type="checkbox"/> HS Time Out Dance	_____		
		<input type="checkbox"/> JV/Fresh Advanced	_____		

Will you have any participants crossing over between two teams: Yes ____ No ____ If yes, you must send in a Crossover Form by Dec. 15 (Crossovers pay the full Registration fee for each team)

Total number of coaches (up to 2 per team). Coaches attend free. _____

Registration and full payment must be mailed together and postmarked by date indicated:

- > Purchase Orders do not qualify as payment. Full payment must be received from school by the deadline in order to receive incentive pricing.

Today's Date _____ Oct 15 - N/A Nov 15 - \$ 75 Dec 15 - \$ 85

Total # of Participants: _____ X \$ _____ = \$ _____
Per Person Fee:

OFFICE USE ONLY

Ent _____

Reply _____

E-mail _____

CW _____

There will be a \$20 non-refundable fee per participant for any cancellations.

Date _____

\$ Rcv'd _____

Bal _____

Rcv'd _____

Bal _____

Mail registration and payment to:

**ACA National Championship
2115 Columbia Dr.
Richardson, TX 75081**