



# 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 - \$ 65 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**