



## 2012 Competition Information Small Gym

### REGISTRATION INFORMATION

- In order to receive the Early Incentive discounted price **both** registration form **and** full payment must be postmarked by dates listed. If registering online registration and payment must be completed by the date indicated to receive incentive pricing.
- **ALL Registration fees must be paid in full by December 15 in order to compete.**
- **All team numbers must be final by December 15. No additions, changes or cancellations will be accepted after December 15.**
- Crossover performers will be required to pay the Regular Performer registration fee for each team with which they perform.
- **No refunds** will be issued after December 15.
- Any division changes after December 15 will be charged a \$300.00 fee payable prior to the competition.
- Medical Releases will not be required for All Star teams.
- Coaches are required to check in at the practice area 1 hour prior to their first team's practice time to finalize registration and check in of all teams.
- Every team will be required to submit a roster upon check-in at the practice area (available on the ACA website).
- Coach signature will be required to approve the number of performers competing on each team.
- Any additional performers must be paid for at practice area check-in.
- **New this year:** ACA is abiding by the USASF requirement that all performing athletes must be USASF members and their membership number must appear on the ACA team roster. USASF membership is free or \$25 (for additional benefits). To apply for USASF membership, please visit USASF.net.

### REGISTRATION FEES / INCENTIVE PRICING

Registration fees are listed per performer. **Registration form & FULL PAYMENT must be mailed together and postmarked by the date indicated in order to receive incentive pricing.**

Regular Performers:	Oct. 15	\$ 65	Exhibition performers - \$35.00
(including Crossovers)	Nov. 15	\$ 75	Special Needs performers - Free
	Dec. 15	\$ 85	

### Cancellation/Fees

Cancellations (teams or individuals) must be submitted on an ACA Team Cancellation form or Team Change form and be received on or before Dec. 15 in order to receive a refund.

Cancellation Fees:	On or before Dec. 15 :	\$20 per regular performer \$10 per exhibition performer
	After Dec. 15:	All fees are non-refundable

### PERFORMANCE REQUIREMENTS

- Limit of 36 performers per team (unless otherwise noted)
- Routine Time Limit: up to 2 ½ minutes
- Entire routine may be performed to music
- Performance mat: 42' x 54' spring floor
- ACA **does** allow crossovers **only** if a Crossover Form is submitted prior to December 15.
- USASF Safety Guidelines must be followed.
- ACA will combine large and small divisions in the event that there is only one team in a division. ACA also reserves the right to add divisions should there be substantial interest.
- Spotters will not be provided. Teams may provide their own spotters, however, spotters may have no physical contact/assistance or communication with competitors during their performance.
- Athletes who perform a routine must remain the same from start to finish and may not be replaced by another athlete at anytime during the performance.
- Special needs teams are limited to Level 3 rules, in addition to no basket tosses permitted.

### HOTEL REQUIREMENTS

In compliance with ACA and the Fort Worth Convention Bureau all hotel arrangements must go through Champion Housing.



# 2012 Registration

**SMALL GYM: 75 members or less**

- > **Registration Deadline: December 15.** Full payment must be received with registration in order to be scheduled for a performance time.
- > **Division changes after December 15 will be charged a \$300.00 fee payable prior to the competition.**
- > **Team numbers must be final by Dec. 15.** All fees are non-refundable after December 15.

## CONTACT INFORMATION

Name of Team or Gym as it should appear on Performance Schedule	Contact Person/Coach
Address	Contact's Home Address
City State Zip	City State Zip
Phone	Cell Phone <span style="color: red;">Required</span>
Email <span style="color: red;">Required – confirmation and updates will be sent via email</span>	How many members in your gym? _____

Will you have any participants crossing over between two teams: Yes \_\_\_ No \_\_\_ If yes, you must send in a Crossover Form by Dec. 15

## PAYMENT INFORMATION

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

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

**Indicate number of:**

Coaches (Free up to 2 per team). \_\_\_\_\_

Regular Performers **including** crossovers\* \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
\*Crossovers pay full Registration fee for each team  
Per Person Fee

Exhibition Performers \_\_\_\_\_ X \$35.00 = \$ \_\_\_\_\_

Special Needs Performers \_\_\_\_\_ X \$ 0.00 = \$ \_\_\_\_\_ 0.00

**TOTALS:** # of Performers = \_\_\_\_\_ = **TOTAL** \$ \_\_\_\_\_

Select one form of payment: \_\_\_ Check Amount Enclosed \$ \_\_\_\_\_  
 \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount to Charge \$ \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Cardholder Email \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Cardholder Daytime phone \_\_\_\_\_ Cardholder Cell phone \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Cancellation Fees: On or before Dec. 15 : \$20 per regular performer After Dec. 15: All fees are non-refundable  
 \$10 per exhibition performer

### OFFICE USE ONLY

# \_\_\_\_\_

Ent \_\_\_\_\_

Reply \_\_\_\_\_

E-mail \_\_\_\_\_

CW \_\_\_\_\_

Date \_\_\_\_\_

\$ Rcv'd \_\_\_\_\_

Bal \_\_\_\_\_

Rcv'd \_\_\_\_\_

Bal \_\_\_\_\_

**MAIL: Registration and full payment to:** \* Payment must accompany Registration in order for Registration to be processed and to receive a performance time.

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

\*\* If paying by credit card, registration may be faxed to: 972.636.1426.

Divisions	Age Requirements	Gender	# on Team	Team Name	# of Females	# of Males	Total # Performing on Team	Per person Fee	Total Fee per Team
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Check divisions entering and indicate numbers, team name, and fees in the spaces provided.

**Level 1**

<input type="checkbox"/> Tiny	5 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Mini	8 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Youth	11 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior	14 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior	18 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____

**Level 2**

<input type="checkbox"/> Mini	8 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Youth	11 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior	14 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior	18 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____

**Level 3**

<input type="checkbox"/> Mini	8 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Youth	11 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior	14 Years & Younger	No Males	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior Coed	14 Years & Younger	1 or more Males	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior	18 Years & Younger	No Males	5 - 36	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior Coed	18 Years & Younger	1 or More Males	5 - 36	_____	_____	_____	_____	x _____ = _____

**Level 4**

<input type="checkbox"/> Youth	11 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior	14 Years & Younger	No Males	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior Coed	14 Years & Younger	1 or more Males	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior	18 Years & Younger	No Males	5 - 32	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior Coed	18 Years & Younger	1 or more Males	5 - 32	_____	_____	_____	_____	x _____ = _____

**Level 4.2**

<input type="checkbox"/> Senior	18 Years & Younger	Female/Male	5 - 32	_____	_____	_____	_____	x _____ = _____
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**Level 5**

<input type="checkbox"/> Youth Restricted	11 Years & Younger	Female/Male	5 - 36	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Youth	11 Years & Younger	Female/Male	5 - 36	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior	14 Years & Younger	No Males	5 - 36	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Junior Coed	14 Years & Younger	1 or more Males	5 - 36	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior Restricted	18 Years & Younger	0 - 4 Males	5 - 36	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior	12 - 18 Years Old	No Males	5 - 36	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior Small Coed	12 - 18 Years Old	1 - 4 Males	5 - 20	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior Medium Coed	12 - 18 Years Old	1 - 6 Males	5 - 30	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Senior Large Coed	12 - 18 Years Old	1 - 18 Males	5 - 36	_____	_____	_____	_____	x _____ = _____

**International – Level 5**

<input type="checkbox"/> Int'l Open	14 Years & Older	No Males	5 - 24	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Int'l Open Coed	14 Years & Older	1 – 12 Males	5 - 24	_____	_____	_____	_____	x _____ = _____

**Level 6**

<input type="checkbox"/> Int'l Open	17 Years & Older	No Males	5 - 24	_____	_____	_____	_____	x _____ = _____
<input type="checkbox"/> Int'l Open Coed	17 Years & Older	1 -15 Males	5 - 24	_____	_____	_____	_____	x _____ = _____

**Special Needs (Free Registration)**

<input type="checkbox"/> Special Needs	All Ages	Female/Male	Unlimited	_____	_____	_____	_____	x \$ 0.00 = _____
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**Exhibition**

<input type="checkbox"/> Exhibition	5-18 years	Female/Male	5-36	_____	_____	_____	_____	x \$35.00 = _____
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Gym Name \_\_\_\_\_

Total # of Teams \_\_\_\_\_  
 Total # of Performers \_\_\_\_\_  
 \$ Total Registration Fee \_\_\_\_\_