



April 28, 2012
Florida Finals Registration Form
 *ALL Registrations must be completed
 2 weeks prior to the competition.

CCE Championships
 3837 Northdale Blvd. Suite 364
 Tampa, FL 33624
 Fax: 1.877.95.CHEER

- HOW TO REGISTER**
1. Complete this and the following forms
 - ◆ Spotter Liability (1 per team)
 - ◆ Team Roster (1 per team)
 - ◆ Release Form (1 per team or 1 per participant)
 - ◆ Code of Conduct per organization
 2. Mail or fax **ALL** forms with payment to:

| EVENT PRICING | Super Early Bird Postcard Rate | Early Bird Before Mar 10 | On-Time Mar 28 | Late After Mar 28 |
|-------------------------------------|--------------------------------|--------------------------|----------------|-------------------|
| Teams (per participant) | \$38 | \$40 | \$44 | \$48 |
| Crossover (2 nd Routine) | \$20 | \$20 | \$20 | \$20 |
| Crossover (3 rd Routine) | \$10 | \$10 | \$10 | \$10 |
| Exhibition Team | \$30 | \$30 | \$34 | \$38 |
| Parent Team | \$20 | \$20 | \$20 | \$20 |
| Special Needs Team | FREE | | | |
| Coaches | 2 coaches FREE per team | | | |

* A CROSSOVER is a cheerleader or dance that competes on more than one team from the same gym/school and at the same event. The "Crossover" fee does NOT apply to a participant who is on a school team and on an all-star team. Crossover participants must pay the full registration fee for the first team and will pay the discounted Crossover fee for each additional team.

| DIVISION | All-Stars | LEVEL | School/Rec | # ON TEAM |
|----------|----------------|-----------------------------|------------|-----------|
| _____ | 1 2 3 4 5 6 OR | Novice Intermediate Advance | _____ | _____ |
| | PLEASE CIRCLE | | | |
| _____ | 1 2 3 4 5 6 OR | Novice Intermediate Advance | _____ | _____ |
| | PLEASE CIRCLE | | | |
| _____ | 1 2 3 4 5 6 OR | Novice Intermediate Advance | _____ | _____ |
| | PLEASE CIRCLE | | | |
| _____ | 1 2 3 4 5 6 OR | Novice Intermediate Advance | _____ | _____ |
| | PLEASE CIRCLE | | | |

TEAM INFORMATION

Authorized Representative _____
 Team Name _____ E-mail Address _____
 Organization Phone Number(_____) _____ Contact's Cell(_____) _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Number of Teams Competing _____ CCE Rep's Name/How did you hear about us? _____

| PAYMENT INFORMATION | |
|---|-----------------|
| Non-Crossover Participants \$ _____ x _____ participants \$ _____ | |
| 2 nd Routine Crossover Participants \$ _____ x _____ participants \$ _____ | |
| 3 rd Routine Crossover Participants \$ _____ x _____ participants \$ _____ | |
| Parent Team \$ 20 x _____ participants \$ _____ | |
| Special Needs Team FREE x _____ participants | |
| 10% OFF 2 nd Event - \$ _____ | |
| TOTAL DUE | \$ _____ |

WAIVER DISCLAIMER
 I acknowledge that I have read and understand the Competition Details page on the CCE website. I have collected a liability waiver (signed by their legal parent/guardian) for participants that I am registering to compete at the competitions, camps and clinics held by CCE. I have the waiver and each parent represents that their child is in satisfactory health to participate in the activities offered by CCE and that they are aware of the inherent risks associated with such activities which can include paralysis and death. Each parent represents that they have health insurance coverage in effect while they compete at CCE competitions, camps and clinics. I hereby acknowledge that I am an authorized representative of the business/school listed below
 Signed _____ Date _____