



November 6, 2011
Florida Invitational 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 Oct. 1	On-Time Oct. 10	Late After Oct. 11
Teams (per participant)	\$20	\$22	\$26	\$30
Crossover (2 nd Routine)	\$20	\$22	\$22	\$22
Parent Team	\$16	\$16	\$16	\$16
Coaches	2 coaches FREE & 1 Coordinator per team			

* A CROSSOVER is a cheerleader 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.

DIVISION _____	# On Team _____	Novice	Intermediate	Advance
		PLEASE CIRCLE		
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		PLEASE CIRCLE		
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		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? _____

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 _____

PAYMENT INFORMATION	
Non-Crossover Participants \$ _____ x _____ participants \$ _____	
2 nd Routine Crossover Participants \$ _____ x _____ participants \$ _____	
Parent Team \$ 16 x _____ participants \$ _____	
TOTAL DUE	\$ _____