



## Snowball Blast 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 From (1 per team or per participant)
    - ◆ Code of Conduct per organization
  2. Mail or fax **ALL** forms with payment to:



EVENT PRICING	Early Bird	On-Time	Late
	Before Nov 1	Nov 10	After Nov 10
Teams (per participant)	\$40	\$44	\$48
Crossover (2 <sup>nd</sup> Routine)	\$20	\$20	\$20
Crossover (3 <sup>rd</sup> Routine)	\$10	\$10	\$10
Exhibition Team	\$30	\$34	\$38
Parent Team	\$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	Rec/School	# 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 <sup>nd</sup> Routine Crossover Participants \$ _____ x _____ participants \$ _____	
3 <sup>rd</sup> Routine Crossover Participants \$ _____ x _____ participants \$ _____	
Parent Team \$ 20 x _____ participants \$ _____	
Special Needs Team FREE x _____ participants	
10% OFF 2 <sup>nd</sup> Event - \$ _____	
<b>TOTAL DUE</b>	<b>\$ _____</b>

**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 verified each 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 \_\_\_\_\_