



FCDA CHEER & DANCE NATIONAL CHAMPIONSHIP COMPETITION REGISTRATION FORM



www.FCDA.net	239-596-6000 or 1-888 GOT FCDA	Area Rep: _____
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Team Information:

Name: _____

Address: _____

City,St,Zip _____

School Phone: _____

School Fax: _____

School Email: _____

SHOW OF CHAMPIONS - NATIONAL
Orange County Convention Center
Orlando, FL
APRIL 28, 2012

Competition Information:

List the division/category in which you will have teams competing along with the number of members in each performance. Divisions & Categories are listed on our website, examples (AllStar Sr Lev 1) (School Varsity) (Jazz, Age 9-10) (HipHop Age 13-14)

DIVISION	# on team
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ number of participants @ _____ = _____

_____ number of crossovers* @ **\$39** = _____

TOTAL AMOUNT = _____

TOTAL AMOUNT DUE = _____

EVENT PRICING:

- payment postmarked by February 28 - \$59 per participant
- payment postmarked by March 28 - \$69 per participant
- payment after March 28 - \$79 per participant

2 coaches are given free entry per team, this does not include individuals, solo, duet, trio and stunt groups competitions.

* NOTE: Individual, Duet, Stunt Group competitors are not crossovers. You are not considered a crossover when going cheer to dance. Please note that the crossover policy can only be used within the same program. If a participant is competing with 2 different organizations (example: allstar & high school team) the crossover discount does not apply.

Coach/Sponsor Contact Information:

Name: _____

Address: _____

City,St,Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax number: _____

Email: _____



Checklist

- Send Completed Form along with payment to:
 By Mail: _____ By UPS/FedEx: _____
 FCDA _____ Call our office for
 P.O. Box 151253 _____ overnight delivery
 Cape Coral, FL 33915 _____ address
- Please send in ONE payment per organization.
 Individual checks will not be accepted.
 - payment postmarked by February 28 - \$59 per participant
 - payment postmarked by March 28 - \$69 per participant
 - payment after March 28 - \$79 per participant
- All participants must have signed liability waivers /medical release (available on website).
- This form must be signed by coach / authorized contact.

Cancellations & Refunds

A Full Refund will be given if cancellation is received in writing 30 days prior to the event date. NO EXCEPTIONS. **I have read and agree to the Cancellation & Refund policy above. I, my parents, my coaches, and my team, will abide by the "FCDA code of conduct" which is posted on the FCDA website.**

Signature _____ Date _____