

COMPETITION REGISTRATION FORM SCHOOL TEAM

**ALL INFORMATION ON THIS SHEET
MUST BE FILLED OUT CORRECTLY TO
BE ACCEPTED**

SCHOOL / TEAM (please print)

CONTACT PERSON (please print)

HOME PHONE (mandatory)

FAX EMAIL

HOME ADDRESS (please print)

CITY PROVINCE POSTAL CODE

CHEERFEST COMPETITION REGISTRATION*:

Number of athletes attending: _____ x \$30.00* ea. = _____

Number of coaches/advisors attending: _____ x \$5.00 ea. = _____
(FIRST 2 free, additional coaches/advisors/admin: \$5.00)

NON-MEMBER TEAMS

Number of non-member athletes _____ x \$40.00* ea. = _____

Number of coaches/advisors attending: _____ x \$8.00 ea. = _____
(FIRST 2 free, additional coaches/advisors/admin: \$8.00)

TEAM ROSTER ATTACHED? YES (mandatory)

Ensure you have previously submitted an Athlete Registration & Waiver form for each team member and that you have provided a team roster.
* PLEASE FILL OUT REGISTRATION FORM FOR EACH TEAM.

** LATE FEE | \$40.00 PER PARTICIPANT FOR REGISTRATIONS RECEIVED AFTER THE DEADLINE.

COMPETITION INFORMATION

**CHEERFEST | Saturday, March 4, 2017
ST. JAMES COLLEGIATE, 1900 Portage Ave.**

- Competition begins at 10:00 a.m.
- Cash canteen available.
- School teams compete during the morning and Open teams compete in the afternoon.
- M.A.C. fees, team registration and payment must be received to be eligible to compete.
- **CHEERLEADERS ADMITTED AT 9:00 AM SHARP
DOORS OPEN TO PUBLIC AT 9:30 AM.**

REGISTRATION INFORMATION

This competition is run by M.A.C. and ALL CHEQUES must be made payable to M.A.C. **Participant registration increases to \$40.00 per participant for registrations received after the deadline.** Late registrations, received the week of competition may be performance routines only - all fees still apply. For questions, please call the M.A.C. office at (204) 831-7008.

Send completed registration and payment to: M.A.C. Office | 283 Berry Street | Winnipeg, MB | R3J 1N3

REFUND/CANCELLATION POLICY | M.A.C. will retain 50% of fees if cancelled prior to the deadline and team will receive the balance as a credit to be used within the current cheerleading season. Cancellations received after the deadline will not be refunded.

REGISTRATION DEADLINE IS 10 PM, MONDAY, February 13, 2017

I _____, have read and understand all of the above procedures for all M.A.C. competitions.

SIGNATURE: _____



CATEGORY REGISTRATION: (check all that apply)

- CHEER ROUTINE POM ROUTINE PARTNER STUNT
 GROUND BOUND STUNT GROUP TUMBLING
 HIP HOP DANCE

DIVISION:

SCHOOL TEAMS

LEVEL CHOICE (Refer to USASF/ISF Age Grid)

- JUNIOR LEVEL 1 LEVEL 2 LEVEL 3
- SENIOR
 FEMALE LEVEL 3 LEVEL 4.0 LEVEL 5
 MALE LEVEL 3.2 LEVEL 4.2
 CO-ED
- UNIVERSITY/COLLEGE
 FEMALE
 MALE
 CO-ED

STUNT GROUP: List names below. (list additional groups on the back)

NAMES Group 1	NAMES Group 2
1 -	1 -
2 -	2 -
3 -	3 -
4 -	4 -
5 -	5 -
GROUP LEVEL:	GROUP LEVEL:

PARTNER STUNT GROUP (max. 2 grps): List names below.

1- _____
 2- _____

TUMBLING INDIVIDUAL DUO : List names below.

1- _____
 2- _____



OFFICIAL TEAM ROSTER

List all team members below by name with their current grade. Coaches must fill out an Official Team Roster for EACH team entered in the competition and submit it with the team registration and fees by the deadline. ONLY four passes will be provided for coaches and school/club staff members. All teams must have verification for each member from the school they are enrolled in, verifying grade and registration. Please PRINT all information clearly and keep a copy for your records. Be sure to report all changes to M.A.C. prior to the competition.

TEAM & SCHOOL NAME: _____

HEAD COACH: _____ CONTACT PHONE: _____

EMAIL (required): _____

PLEASE PROVIDE COACH'S NAME AND CONTACT NOT ADVISOR

By submitting this form I verify that each member of the team has personal accident insurance & submitted a team waiver and insurance fee.

COACH'S SIGNATURE: _____

ATHLETE'S NAME:	GRADE:	ATHLETE'S NAME:	GRADE:
1. _____	_____	19. _____	_____
2. _____	_____	20. _____	_____
3. _____	_____	21. _____	_____
4. _____	_____	22. _____	_____
5. _____	_____	23. _____	_____
6. _____	_____	24. _____	_____
7. _____	_____	25. _____	_____
8. _____	_____	26. _____	_____
9. _____	_____	27. _____	_____
10. _____	_____	28. _____	_____
11. _____	_____	29. _____	_____
12. _____	_____	30. _____	_____
13. _____	_____	31. _____	_____
14. _____	_____	32. _____	_____
15. _____	_____	33. _____	_____
16. _____	_____	34. _____	_____
17. _____	_____	35. _____	_____
18. _____	_____	36. _____	_____

MANDATORY ATHLETE REGISTRATION & WAIVER FORM MUST be sent in for each athlete with the Competition Registration. If you have added participants make sure to send their waiver and insurance fee.

ASSISTANT COACH(ES) AND ADVISOR/ADMINISTRATOR NAME(S), AND EMAIL:

