

2011-2012 REGISTRATION FORM



TEAM INFORMATION

TEAM / SCHOOL NAME (AS IT APPEARS IN PROGRAM)

COACH'S / SPONSOR'S NAME

GYM / SCHOOL STREET ADDRESS

CITY STATE ZIP CODE

GYM / SCHOOL PHONE #

COACH'S / SPONSOR'S PHONE #

GYM / SCHOOL FAX #

COACH'S / SPONSOR'S EMAIL

GYM / SCHOOL WEBSITE

DIVISION / CATEGORY

OF COMPETITORS

TOTAL # OF COMPETITORS: _____

(865) 777-6820 | WWW.VARSITYALLSTAR.COM

EVENT INFORMATION

EVENT:

DATE:

# OF PARTICIPANTS	RATE	TOTAL
CHEER	—	—
# OF CHEER PARTICIPANTS	\$	\$
# CROSSOVER CHEER	\$	\$
DANCE	—	—
# OF DANCE PARTICIPANTS	\$	\$
INDIVIDUALS	—	—
# OF INDIVIDUALS	\$	\$
TOTAL:		\$ _____

CREDIT CARD AUTHORIZATION

NAME

CREDIT CARD NUMBER

EXP DATE

SECURITY CODE

STREET ADDRESS

ZIP CODE

I HEREBY ALLOW VARSITY BRANDS INC. TO CHARGE THE STATED AMOUNT TO THE CREDIT CARD INFORMATION PROVIDED.

SIGNATURE