

Where EVERY athlete is a CHAMPION!



2010 - 2011 Classic Championship Registration

Mail or Fax to: CCE Championships
3837 Northdale Blvd. Suite #364
Tampa, FL 33624
Fax: 1.877.95.CHEER

Please complete, mail or fax one of each of the following forms per team competing: Spotter Liability Form & Team Roster.

Only one Code of Conduct per organization.

All participants "Liability and Medical Releases" are to be turned in the day of the event at your scheduled registration time.

CCE POLICIES:

Performance Order

Performance order will be based on a first to register last to compete basis.

Inclement Weather

Please refer to CCE's Inclement Weather Policy that can be found on the "Rules and Regulations" page of CCE's website.

Changes

All changes must be made in writing at least ONE WEEK prior to the competition date.

Refunds

No refunds will be given. In addition, all registration fees are non-transferable.

Please sign, acknowledging that you have read and agree to CCE's registration policies.

1. TEAM INFORMATION

Gym/Organization Name _____

Number of Teams Competing _____

Head Coach/ Contact Person _____

() _____
Organization Phone Number

() _____
Contact's Cell Phone Number

Mailing Address _____

Contact's Email Address _____

CCE Rep's Name/ How did you hear about us? _____



2. CHOOSE A CLASSIC CHAMPIONSHIP

- Winter Wonderland-** Toledo, OH- December 18, 2010
- Victory Valentine-** Lexington, KY- February 12, 2011
- Florida Finals-** Tampa/Orlando, FL- April 16, 2011

3. FEE DUE DATES

Winter Wonderland- Early Bird-11/01, On Time- 11/15/2010

Victory Valentine- Early Bird-12/20, On Time- 01/14/2011

Florida Finals- Early Bird-03/01, On Time- 03/15/2011

Note: All registration must be in 2 weeks prior to event date

4. PAYMENT TYPE

Payable to: **Cheer Champion Express**

- Check (No personal checks)
- Money Order
- Credit Card (Please include a Credit Card Authorization Form, 3% fee will be charged)

(Late Registration, please send only Money Orders, Certified Check or CC Authorization form.)

Full payment must be sent in with this form in order to complete registration.

***Note:** A \$30 "Returned Check Fee" will be charged for each insufficient check. A monthly 2% interest rate and any collection fees associated with a returned payment will apply.

5. PAYMENT INFORMATION

Total # of Original Competitors _____ x \$30 = _____ (Early Bird)
 Total # of Original Competitors _____ x \$35 = _____ (On Time)
 Total # of Original Competitors _____ x \$40 = _____ (Late)
 Total # of Crossovers _____ x \$20 = _____ (2nd routine)
 Total # of Crossovers _____ x \$15 = _____ (3rd routine)
 Total # on Exhibition/Parent Team _____ x \$15 = _____ (see *)
 Total # on Special Needs Team _____ x \$0 = FREE
-\$100 (Cheer Cincy Discount) Total= _____

***Late Fees** will be assessed for any team registering after the On-Time due date. ***One Exhibition team** (show team/parent team) may compete for **FREE** if you register more than 75 paid athletes. ***10% off registration** per team, when a team is competing at their second CCE Championship of the season.

Event Attended _____ Total- 10%= _____

WWW.CCECHEER.COM PHONE: 1.877.85.CHEER FAX: 1.877.95.CHEER