2014 Competition Registration Form
Best In Ohio

Team Registration

Indicate number of teams and divisions entered:

	Team Name	Division Code	Number of Members
1			
2			
3			
4			
5			
6			

** List any additional teams on a separate form and include with registration.

Payment Calculations					
	Qty		Fee		Total
Number of Team Members		X	$35.00	=	
Special Needs Teams		X	FREE	=	
Crossovers		X	$10.00	=	
Pre Sale Tickets		X	$5.00	=	
Late Fee Per Participant		X	$5.00	=	
			Deposit Paid	=	
Credit Card Payment			TOTAL x .03	=	
			Total Due	=	
			Balance Due by deadline	=	

Method Of Payment

☐ Check/Money Order (Payable to Cheer WorkShop) $ _____

☐ Credit Card (visa or Mastercard

Card Number: _____

Exp Date: _____

CVC Code: _____

Address: _____

City/State/Zip: _____

Card Holder Name: _____

Signature _____