



Organization/ Group Name _____

Street _____ City _____ State _____ Zip _____

Head Coach/ Contact Mr. Mrs. Miss Ms.

Home Phone () _____ Work () _____

Head Coach/ Contact Address

Street _____ City _____ State _____ Zip _____

Best Time to Reach? _____ E-Mail: _____ Cell Phone () _____

Cheer Division: _____ Total Competitors _____ Dance Division _____ Total Competitors _____

Total Coaches _____ Total Crossovers _____ Total Stunt Groups _____ Total Individuals/Solos _____

Please Select: Commuting Team _____ Overnight Team _____

This information is for the Chamber of Commerce Survey

Booking own hotel _____ Booking ACE Hotel _____ (Name of hotel) _____

Address of Hotel _____

Approximate total members in party, including team, coaches, parents and siblings. _____

Found event through: Web Search Bid Mailing Magazine Friend Returning Team Other _____

Deposits: Competitors _____ X \$45 = \$ _____ Coaches X 25 = \$ _____ Totals \$ _____ Stunt Groups _____ X \$80 = \$ _____

Individuals Cheer X \$40 = \$ _____ Individuals Dance X \$40 = \$ _____ Crossovers _____ X \$35 = \$ _____ Crossing info needed on roster

Total Deposits/payment \$ _____ Method of Payment: Check _____ MasterCard / Visa Card _____ American Express _____

Card Number: _____ Exact Name on card: _____

Expiration Date _____ / _____ Code: _____
Month Year

Billing address for card: (Must match exactly) _____

If card has a daily limit for processing, please notify your bank of coming transaction. _____

** Declined credit card transactions are the responsibility of the card holder. Repeatedly declined card transactions will incur additional service charges of 3.5 %