

2008 Upper Midwest All-Star Championship

REGISTRATION FORM

Mail the following no later than **JANUARY 5, 2008:**

- One registration form for EACH team.
- Team Roster and Proof of Team Affiliation
- All-Star Teams MUST provide Certificate of Insurance
- ONE check Per Team – No Multiple Checks Accepted!

Mail To:

MCCA
 Upper Midwest All-Star Championship
 PO BOX 211277
 Eagan, MN 55121

NOTE: A Late Fee of \$100 per team will be due if registration is postmarked after January 5th, 2008.

REGISTRATION WILL NOT BE ACCEPTED IF POSTMARKED AFTER JANUARY 19th, 2008.

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Gym/School Name: _____
 Gym/School Phone: _____
 Coach Name: _____

Are you or at least one of your coaches for this gym a MCCA Coach/Associate Member? YES NO

Coach Home Address: _____

Coach Home Phone: _____
 Coach Email: _____

PUT AN "X" BY YOUR DIVISION SELECTION: LEVEL _____

- | | | |
|----------------------------|-----------------------------|----------------------------|
| _____ Tiny (Level 1 Only) | _____ Junior Co-Ed | _____ Senior Limited Co-Ed |
| _____ Mini | _____ Senior (Level 1 Only) | (Level 5 Only) |
| _____ Youth (Level 5 Only) | _____ Senior Open | _____ Senior Semi-Limited |
| _____ Small Youth | _____ Small Senior | Co-ed (Level 5 Only) |
| _____ Large Youth | _____ Large Senior | _____ Senior Unlimited Co- |
| _____ Small Junior | _____ Senior Co-ed | ed (Level 5 Only) |
| _____ Large Junior | | |

NUMBER OF TEAM MEMBERS _____ @ \$25.00/each = \$ _____
 (If a coach/gym is a member of MCCA)

NUMBER OF TEAM MEMBERS _____ @ \$30.00/each = \$ _____
 (If a coach/gym is not a member of MCCA)

NUMBER OF ALTERNATES _____ @ \$15.00/each = \$ _____

NUMBER OF NON-MEMBER COACHES _____ @ \$10.00/each = \$ _____

LATE FEE _____ @ \$100.00/team = \$ _____

TOTAL AMOUNT DUE: _____

QUESTIONS?? Email: Becky Stephens at cheercoach247@yahoo.com

Confirmation of receipt of registration can be found at www.mccacheer.com

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TEAM ROSTER

Submit ONE Roster for each team you are bringing
Please list all coaches and team members attending

Team Name: _____

Coach: _____

Coach: _____

Coach: _____

Coach: _____

Coach: _____

Team Members: Name and Age for All -Star Teams

AGE as of MAY 31, 2007 will be used to determine divisions

	<u>Name</u>	<u>Age</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____

All Star Team Director Recognition

I confirm that all participants listed on this roster are the correct age for the division entered. They all have primary medical insurance coverage. Additionally I certify that the team is covered by a liability/catastrophic injury insurance policy held by the gym or coach.

Signature

Date

Title: _____

Telephone Number:
