

COMPETITION REGISTRATION FORM

**ALL INFORMATION ON THIS SHEET
MUST BE FILLED OUT CORRECTLY TO
BE ACCEPTED**

SCHOOL/TEAM (please print) _____

CONTACT PERSON (please print) _____

HOME PHONE (mandatory) _____

FAX _____ EMAIL _____

HOME ADDRESS (please print) _____

CITY _____ PROVINCE _____ POSTAL CODE _____

COMPETITION REGISTRATION*: (check only one)

- ICEBREAKER SUNDAY, DECEMBER 13, 2009
- CHEERFEST SATURDAY, MARCH 13, 2010
- PROVINCIALS SATURDAY, APRIL 10, 2010

Number of athletes attending: _____ x \$25.00 ea. = _____

Number of coaches/advisors attending: _____ x \$25.00 ea. = _____
(FIRST 4 free, additional coaches/Advisor/Admin: \$25.00)

TEAM ROSTER** ATTACHED? YES (mandatory)

* Please fill out a registration form for each team.

**COACHES MUST SUBMIT A FULL TEAM ROSTER &
NAMES OF SUPERVISORS ATTENDING**



CATEGORY REGISTRATION: (check all that apply)

- CHEER ROUTINE POM ROUTINE PARTNER STUNT
- GROUND BOUND STUNT GROUP

DIVISION:

SCHOOL TEAMS	OPEN TEAMS
<input type="checkbox"/> JUNIOR	(circle LEVEL choice) <input type="checkbox"/> MINI L1
<input type="checkbox"/> SENIOR <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> CO-ED	<input type="checkbox"/> YOUTH L1 L2
<input type="checkbox"/> UNIVERSITY/ COLLEGE <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> CO-ED	<input type="checkbox"/> JUNIOR L1 L2 L3
	<input type="checkbox"/> SENIOR L2 L3 L4
	<input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> CO-ED
	<input type="checkbox"/> 18+ ALL 18+ TEAMS ARE REGISTERED UNDER LEVEL 6.
	<input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> CO-ED

STUNT GROUP (max 2 grps): Please list names below.

Circle LEVEL choice for stunt group(s): L1 L2 L3 L4

PARTNER STUNT GROUP(max. 1 grp): List names below.

COMPETITION INFORMATION

**CHEERLEADERS ADMITTED AT 7:30 AM SHARP
DOORS OPEN TO PUBLIC AT 7:30 AM**

Competition begins at 9:00 a.m.
Seating capacity: 3000
Admission: \$5.00 at the door for all children 5 & under free.
Cheerleaders are asked to come ready to compete and will sit in team sections.
Cash canteen available.
School teams will compete during the morning and Open teams will compete in the afternoon.

**M.A.C. fees, team registration and payment must be received
compete.**

Please ensure you have previously submitted an Athlete Registration & Waiver form for each team member and that you have provided a team roster. **Registration is not valid /active until entry fee, roster, waivers, and all payments are received.**

"Received"= in the M.A.C. office. Not "in transit", "with the courier" or "postmarked by"

REGISTRATION DUE DATES

ICEBREAKER - SUNDAY, DECEMBER 13, 2009
registration due - Friday, November 27, 2009, 10:00 p.m.

CHEERFEST- SATURDAY, MARCH 13, 2010
registration due - Friday, February 26, 2010, 10:00 p.m.

PROVINCIALS - SATURDAY, APRIL 10, 2010
registration due - Friday, March 26, 2010, 10:00 p.m.

This competition is run by M.A.C. and ALL CHEQUES must be made payable to M.A.C. **A \$50.00 late fee will apply to late registrations.** Any questions please call the M.A.C. office at (204) 888-0317.

Please send completed registration and payment to:
M.A.C. Office, 283 Berry Street, Winnipeg, MB R3J 1N3

REFUND/CANCELLATION POLICY: M.A.C. will retain 50% of fees if cancelled prior to the deadline and team will receive the balance as a credit to be used within the current cheerleading season. Cancellations received after the deadline will not be refunded.

I _____, have read and understand all of the above procedures for all M.A.C. competitions.

SIGNATURE: _____

OFFICIAL TEAM ROSTER



List all team members below by name with their current grade and school year. Coaches must fill out an Official Team Roster for EACH team entered in the competition and submit it with the team registration and fees by the deadline. ONLY four passes will be provided for coaches and school or club staff members. All teams must have school verification for each member from the school they are enrolled in, verifying grade and registration. Please PRINT all information clearly and keep a copy for your records. Be sure to report all changes to M.A.C. prior to the competition.

TEAM & SCHOOL NAME: _____

HEAD COACH: _____ CONTACT PHONE: () _____

EMAIL (required): _____

PLEASE PROVIDE COACH'S NAME AND CONTACT NOT ADVISOR

By submitting this form I verify that each member of the team has personal accident insurance & submitted a team waiver an insurance fee.

COACH'S SIGNATURE: _____

Name	Grade	Name	Grade
1. _____		19. _____	
2. _____		20. _____	
3. _____		21. _____	
4. _____		22. _____	
5. _____		23. _____	
6. _____		24. _____	
7. _____		25. _____	
8. _____		26. _____	
9. _____		27. _____	
10. _____		28. _____	
11. _____		29. _____	
12. _____		30. _____	
13. _____		31. _____	
14. _____		32. _____	
15. _____		33. _____	
16. _____		34. _____	
17. _____		35. _____	
18. _____		36. _____	

MANDATORY ATHLETE REGISTRATION & WAIVER FORM MUST be sent in for each athlete with the Competition Registration. If you have added participants make sure to send their waiver and insurance fee.

Coach(es) & Advisor/Administrator Names:
