



**10<sup>th</sup> ANNUAL EASTER INVITATIONAL SPRING FLOOR EVENT  
 TEAM REGISTRATION FORM  
 Sunday, April 1<sup>st</sup>, 2012  
 Leominster High School**

Gym Name/Team Name: \_\_\_\_\_/\_\_\_\_\_

Coaches: \_\_\_\_\_

Contact Name/Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Please indicate below the divisions and level in which your team will be participating. Cheer Central Stormz reserves the right to combine divisions based on number of entries.

**\*\*\*\*See our special registration rates below!\*\*\*\***

**\*\*\*\*Pay for the first 5 teams from your gym, bring more than 5 and the rest come free!\*\*\*\***

Please make checks payable to Cheer Central Stormz and attach a team roster to each form.

**Each team must have a separate registration. Please circle the categories that apply to your team below:**

**TEAM:**

<b>College:</b>	(Please Circle One) All Girl OR Co-Ed	(Please Circle One) <b>\$75 before 2/1/2012</b> Small OR Large <b>\$125 after 2/1/2012</b>
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<b>Recreational:</b>	(Please Circle One) Ages/Grades _____	(Please Circle One) <b>\$75 before 2/1/2012</b> Small OR Large <b>\$125 after 2/1/2012</b>
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<b>Hip Hop/Dance:</b>	(Please Circle One) Ages/Grades _____	(Please Circle One) <b>\$75 before 2/1/2012</b> Small OR Large <b>\$125 after 2/1/2012</b>
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<b>All Star:</b>	<b>(Please Circle One)</b>	<b>\$125 before 2/1/2012</b>	<b>\$175 after 2/1/2012</b>
<b>DIVISION:</b>			
Ankle Biter	Mini Youth Junior Junior Co-ed Senior Senior Co-ed Adult Co-ed Adult All-Girl		
<b>LEVEL:</b>	<b>(Please Circle One)</b>		
	1 2 3 4 4.2 5 6		
<b>SIZE:</b>	<b>(Please Circle One)</b>		<b>(Please Circle One)</b>
	Small OR Large	<b>WINTER OR HALF YEAR TEAM:</b>	Yes OR No

Mail to:

Rosalie Allain  
 Cheer Central Stormz  
 100 Duval Road  
 Lancaster, MA 01523

Or email to:

ccstormz@msn.com