



NATIONS CUP EVENT SERIES

REGISTRATION FORM

Australian Challenge Championships

Sunday 5th June, 2010 – Dural Leisure Centre, NSW

Club/Studio/School Name:

(Please list your name how you would like it to be printed in published materials)

Contact Person:

Member Club ID#:

Address:

Suburb:

State:

Postcode:

Email:

Phone:

Mobile:

PAYMENT INFORMATION – Due Date Wednesday 28th April

By submitting this form, I confirm that I have included the appropriate payment and that I will comply with all policies regarding registration/payment.

Description	Number	AMOUNT	Total
All Star/Exhibition/Display Athlete Entry		\$28.00	
All Star/Exhibition/Display Athlete Entry – Members*		\$23.00	
Scholastic Athlete Entry		\$14.00	
TOTAL AMOUNT due to MARSHALL CHEERLEADING			

*Members entry applies to clubs affiliated with Gymnastics Australia. For information on club affiliation, please contact your State Gymnastics Association.

PAYMENT OPTIONS

Option 1: Direct Deposit.
Acc. Name: Marshall Cheerleading
BSB: 012 478
Acc. No: 485593982
Reference: MCD comp + club name

Option 2: Please return with payment to:
Marshall Cheerleading
109 ridgescrop Drive
Castle Hill NSW 2154

*****PLEASE MAKE ALL CHEQUES PAYABLE TO MARSHALL CHEERLEADING*****



Coaches

One Coach per team will be issued with a complimentary event accreditation and special gift. Additional Coaches will be issued with a complimentary event accreditation (maximum of 2 Coaches per team). Proof of accreditation/safety certification is required for Cheerleading Coaches. Please list coaches on the Team Registration Form.

Team Official (one per team)

One Team Official per team will be issued with a complimentary event accreditation. Please list Team Officials on the Team Registration Form.

Safety Spotters

Please list your Safety Spotters (3 Safety Spotters allowed per Club).

Name
1.
2.
3.

Volunteers

All teams are requested to supply a representative for the session they are competing in to assist with event duties. More are welcome! Please ensure your nominated person is aware they may not get to see the competition.

Name	Contact Number or Email (preferred)	Preferred Role (e.g. Announcer, Scorer, Marshall etc)
1.		
2.		
3.		

Supporter Team

Please list the name of your Supporter Team that will represent your club with a short display at the event.

Name
1.

Judges

Please list available Judges for this event

Name	Contact # or Email (preferred)	Level	Please list any teams unable to judge
1.			
2.			
3.			
4.			
5.			
6.			

COMPETITION RULES ACCEPTANCE

On behalf of my team/club/studio/school and all team parents, I accept the National Competition Handbook, IASF Level Rules & IASF Dance Rules as the governing rules for this competition, and agree to adhere to the policies, penalties and procedures contained herein.

I hereby verify that the members of my team(s) meet the age criteria of the divisions entered.

Coaches Signature

Date



ALL STAR GROUP STUNT REGISTRATION FORM

Team Name: _____

Coach/GA ID: _____

Div: Junior

Level: 1 2 3 4 5

of Team Members: _____

Div: Senior Open

Level: 1 2 3 4 5 6

of Team Members: _____

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Group Stunt team crossing over from	Div	Level
			✓			

Team Name: _____

Coach/GA ID: _____

Div: Junior

Level: 1 2 3 4 5

of Team Members: _____

Div: Senior Open

Level: 1 2 3 4 5 6

of Team Members: _____

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Group Stunt team crossing over from	Div	Level
			✓			

Please copy for additional teams.



ALL STAR PARTNER STUNT REGISTRATION FORM

Div: Junior
Div: Senior Open

Level: 1 2 3 4 5
Level: 1 2 3 4 5 6

Coach/GA ID: _____

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Partner Stunt team crossing over from	Div	Level
			✓			

Div: Junior
Div: Senior Open

Level: 1 2 3 4 5
Level: 1 2 3 4 5 6

Coach/GA ID: _____

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Partner Stunt team crossing over from	Div	Level
			✓			

Div: Junior
Div: Senior Open

Level: 1 2 3 4 5
Level: 1 2 3 4 5 6

Coach/GA ID : _____

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Partner Stunt team crossing over from	Div	Level
			✓			

Please copy for additional teams.



SCHOLASTIC TEAM REGISTRATION FORM - Please complete a separate form for each team

Team Name: _____

Coach 1/GA ID: _____

Coach 2/GA ID: _____

Team Official: _____

Pom **Div:** Primary Secondary University

of Team Members: _____

Jazz **Div:** Primary Secondary University

of Team Members: _____

Hip Hop **Div:** Primary Secondary University

of Team Members: _____

Cheer **Div:** Primary **Level:** 1 2 3 4

of Team Members: _____

Div: Secondary **Level:** 1 2 3 4 5

of Team Members: _____

Div: University **Level:** 1 2 3 4 5 6

of Team Members: _____

GA Member ID Number	Name of Participant	Date of Birth	Please ✓ which events athlete is participating in				Crossover Athlete	Team crossing over from
			Pom	Jazz	Hip-Hop	Cheer	✓	



SCHOLASTIC GROUP STUNT REGISTRATION FORM

Team Name:

Coach/GA ID:

Div: Primary Level: 1 2 3 4 # of Team Members: _____
 Div: Secondary Level: 1 2 3 4 5 # of Team Members: _____
 Div: University Level: 1 2 3 4 5 6 # of Team Members: _____

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Group Stunt team crossing over from	Div	Level
			✓			

Team Name:

Coach/GA ID:

Div: Primary Level: 1 2 3 4 # of Team Members: _____
 Div: Secondary Level: 1 2 3 4 5 # of Team Members: _____
 Div: University Level: 1 2 3 4 5 6 # of Team Members: _____

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Group Stunt team crossing over from	Div	Level
			✓			

Please copy for additional teams.



SCHOLASTIC PARTNER STUNT REGISTRATION FORM

Div: Secondary

Level: 1 2 3 4 5

Coach/GA ID: _____

Div: University

Level: 1 2 3 4 5 6

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Partner Stunt team crossing over from	Div	Level
			✓			

Div: Secondary

Level: 1 2 3 4 5

Coach/GA ID: _____

Div: University

Level: 1 2 3 4 5 6

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Partner Stunt team crossing over from	Div	Level
			✓			

Div: Secondary

Level: 1 2 3 4 5

Coach/GA ID: _____

Div: University

Level: 1 2 3 4 5 6

GA Member ID Number	Name of Participant	Date of Birth	Crossover Athlete	Partner Stunt team crossing over from	Div	Level
			✓			

Please copy for additional teams.

