

TIGARD HOLIDAY INVITATIONAL - REGISTRATION FORM

MAKE ADDITIONAL COPIES OF FORM AS NEEDED

School/Gym Name: _____ School/Gym Phone: _____ Fax: _____

School/Gym Address: _____

Coach: _____ Phone: _____ Email: _____

(Please provide your email address to receive confirmation of registration, the performance schedule, and competition details)

SCHOOL TEAM ENTRIES - \$65.00 per Team

	<u>1A/2A/3A/4A</u>	<u>All-Girl</u>	<u>Co-Ed</u>	<u># on Team</u>	<u>Cost</u>
Freshman	_____	_____	_____	_____	\$ _____
Junior Varsity	_____	_____	_____	_____	\$ _____
Varsity	_____	_____	_____	_____	\$ _____

SCHOOL 4 OR 5 PERSON STUNT GROUP/PARTNER STUNT ENTRIES - \$30.00 per Group

<u>Names</u>	<u>Grade</u>	<u>Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____

SCHOOL INDIVIDUAL ENTRIES - \$20.00 per Individual

<u>Names</u>	<u>Grade</u>	<u>Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ALL-STAR TEAM ENTRIES - \$65.00 per Team

	<u>Level 1-5</u>	<u>All-Girl</u>	<u>Co-Ed</u>	<u># on Team</u>	<u>Cost</u>
Tiny - 5 & under	_____	_____	_____	_____	\$ _____
Mini - 8 & under	_____	_____	_____	_____	\$ _____
Youth - 11 & under	_____	_____	_____	_____	\$ _____
Junior - 14 & under	_____	_____	_____	_____	\$ _____
Senior - 18 & under	_____	_____	_____	_____	\$ _____

ALL-STAR 4 OR 5 PERSON STUNT GROUP/PARTNER STUNT ENTRIES - \$30.00 per Group

<u>Names</u>	<u>Grade</u>	<u>Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____

ALL-STAR INDIVIDUAL ENTRIES - \$20.00 per Individual

<u>Names</u>	<u>Grade</u>	<u>Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL DUE \$ _____

MAIL REGISTRATION & PAYMENT TO:

West Coast Extreme
c/o Tigard Holiday
Invitational
7350 SW Landmark Lane,
Suite 120
Tigard, OR 97224

PLEASE NOTE:

Registration must be paid for by check, money order, Visa/MasterCard ONLY.

Purchase orders will not be accepted.

MAKE CHECKS PAYABLE TO:

WCE

QUESTIONS:

Email

westcoastextreme
@aol.com

Call David!

Gym

503-639-9454

Toll Free

1-866-41-CHEER

Fax Registration To

503-684-6540

Cell

503-890-2221

CREDIT CARD INFORMATION (circle one) Visa or MasterCard

Name on card _____ Credit Card# _____

Expiration Date ____/____/____ CVC code on back _____

Billing Address _____ Zip _____