



# 2018 ATLANTIC REGION SPIRIT DECLARATION FORM



CONFERENCE: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_

**INSTRUCTIONS:** The Association Cheer & Dance Director must complete this form and forward to the League Cheer & Dance Director by **SEPTEMBER 10, 2016** deadline. Once the League Cheer & Dance Director obtains all the appropriate signatures and reviews/approves the form it will then be sent to the Regional Cheer & Dance Director no later than **SEPTEMBER 15, 2016**.

Division	Head Coach Contact Information	Team Mascot	Participation	Category	Team Size [Cheer Only]
<b>8</b> <input type="checkbox"/> No Team <input type="checkbox"/> Competitive	Name: Phone: Email:		<input type="checkbox"/> Local Only <input type="checkbox"/> Regional <input type="checkbox"/> National	<input type="checkbox"/> White <input type="checkbox"/> Dance <input type="checkbox"/> Red <input type="checkbox"/> Step	<input type="checkbox"/> Small [5 – 18] <input type="checkbox"/> Large [19 – 36]
<b>10</b> <input type="checkbox"/> No Team <input type="checkbox"/> Competitive	Name: Phone: Email:		<input type="checkbox"/> Local Only <input type="checkbox"/> Regional <input type="checkbox"/> National	<input type="checkbox"/> White <input type="checkbox"/> Dance <input type="checkbox"/> Red <input type="checkbox"/> Step <input type="checkbox"/>	<input type="checkbox"/> Small [5 – 18] <input type="checkbox"/> Large [19 – 36]
<b>12</b> <input type="checkbox"/> No Team <input type="checkbox"/> Competitive	Name: Phone: Email:		<input type="checkbox"/> Local Only <input type="checkbox"/> Regional <input type="checkbox"/> National	<input type="checkbox"/> White <input type="checkbox"/> Dance <input type="checkbox"/> Red <input type="checkbox"/> Step <input type="checkbox"/> Blue	<input type="checkbox"/> Small [5 – 18] <input type="checkbox"/> Large [19 – 36]
<b>14</b> <input type="checkbox"/> No Team <input type="checkbox"/> Competitive	Name: Phone: Email:		<input type="checkbox"/> Local Only <input type="checkbox"/> Regional <input type="checkbox"/> National	<input type="checkbox"/> White <input type="checkbox"/> Dance <input type="checkbox"/> Red <input type="checkbox"/> Step <input type="checkbox"/> Blue	<input type="checkbox"/> Small [5 – 18] <input type="checkbox"/> Large [19 – 36]
<b>18 music</b> <input type="checkbox"/> No Team <input type="checkbox"/> Competitive	Name: Phone: Email:		<input type="checkbox"/> Local Only <input type="checkbox"/> Regional <input type="checkbox"/> National	<input type="checkbox"/> Dance <input type="checkbox"/> <input type="checkbox"/> Red <input type="checkbox"/> Step <input type="checkbox"/> Blue	<input type="checkbox"/> Small [5 – 18] <input type="checkbox"/> Large [19 – 36]
<b>Inspirational</b> <input type="checkbox"/> No Team <input type="checkbox"/> Competitive	Name: Phone: Email:		<input type="checkbox"/> Local Only <input type="checkbox"/> Regional <input type="checkbox"/> National	<input type="checkbox"/> White <input type="checkbox"/> Dance <input type="checkbox"/> <input type="checkbox"/> Step	<input type="checkbox"/> Small [5 – 18] <input type="checkbox"/> Large [19 – 36]

I certify that I am authorized to commit the organization to participate in Regional and National Competition. I understand that by selecting the box to participate in Regional and National competition that I am making a formal commitment to participate, and my organization is agreeing to pay in full the Regional and National registration fees, even if we are unable to travel or participate. By checking the "Regional" box this form serves as registration to the Atlantic Region Cheer Competition, November 10-12, 2017 in Charlotte/Winston Salem area North Carolina.

APPROVED: Association Cheer & Dance Director: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: League Cheer & Dance Director: \_\_\_\_\_ Date: \_\_\_\_\_