



**Spirit Championships 2018  
Competitions Registration Form**

**\*\* All registrations must be  
completed 1 week prior to  
competition\*\***

How to register: Mail or email  
Form along with payment to:  
Spirit Championships  
716 Wesley Ave, #2  
Tarpon Springs, FL 34689  
chris@spiritchampionships.com  
727-421-6146

<b>Events</b>	<b>Date</b>	<b>Location</b>	<b>Early Bird Rate</b>	<b>Regular Rate</b>	<b>Late Registration</b>
<b>Best of the Bay</b> *Bids to Showcase Awarded	10/14/2018	Polk State College, Winter Haven FL	\$10.00 per participant for entries received by or prior to 8/1/2018	\$15.00 per participant for entries received between 8/1/2018- 9/1/2018	\$20.00 per participant for payments received after 9/1/2018
<b>Florida Spirit Bash</b> *Bids to Showcase Awarded	11/4/2018	Bishop McLaughlin High School Spring Hill, FL	\$10.00 per participant for entries received by or prior to 8/5/2018	\$15.00 per participant for entries received between 8/5/2018- 9/5/2018	\$20.00 per participant for payments received after 9/5/2018
<b>Showcase of Champions</b> *Grand Champion Jackets Awarded	12/2/2018	Polk State College, Winter Haven FL	\$100 per <b>TEAM</b> for entries received by or prior to 11/1/2018	\$150 per <b>TEAM</b> for entries received between 11/1/2018 – 11/15/2018	\$200 per <b>TEAM</b> for payments received after 11/15/2018
<b>Tampa Showdown</b>	2/24/18	Gaither High School Tampa, FL	\$10.00 per participant for entries received by or prior to 1/1/2018	\$15.00 per participant for entries received between 1/5/2018- 2/5/2018	\$20.00 per participant for payments received after 2/5/2018
<b>Spring Break Throw Down</b>	3/11/2018	Polk State College, Winter Haven FL	\$10.00 per participant for entries received by or prior to 2/1/2018	\$15.00 per participant for entries received between 2/1/2018- 2/28/2018	\$20.00 per participant for payments received after 3/1/2018
<b>Battle of the Bay Nationals</b>	4/07/2018	Bishop McLaughlin High School Spring Hill, FL	\$20.00 per participant for entries received by or prior to 3/1/2018	\$25.00 per participant for entries received between 3/1/2018- 4/1/2018	\$30.00 per participant for payments received after 4/1/2018
<b>Season Showcase Finale</b> *Jackets Awarded	4/29/2018	Polk State College, Winter Haven FL	\$150 per <b>TEAM</b> for entries received by or prior to 3/1/2018	\$200 per <b>TEAM</b> for entries received between 2/24/2017 – 4/08/2017	\$250 per <b>TEAM</b> for payments received after 4/8/2018

**FAMILY PLAN SPECIAL -  
For Competitions in 2018**

**3 Competitions choose 1 from (Tampa Showdown or Spring Break Throw Down)  
AND Battle of the Bay and Showcase for \$40 per participant**

**All 4 Competitions for \$50 per participant**

**\*\*\*Registration and payment must be received by 1/31/2018 for this rate\*\*\***

**2018 FALL EVENTS SPECIAL PRICING**

**2 Competitions- Best of the Bay & Florida Spirit Bash**

\$10 per participant for registrations received by 3/1/2018

\$15 per participant for registrations received by 6/1/2018

Check All that Apply	EVENTS
	<b>Tampa Showdown 2/24/2018</b>
	<b>Spring Break Throw Down 3/11/2018</b>
	<b>Battle of the Bay Nationals 4/07/2018</b>
	<b>Season Showcase Finale 4/29/2018</b>
	<b>Best Of The Bay 10/14/2018</b>
	<b>Florida Spirit Bash 11/4/2018</b>
	<b>Showcase of Champions 12/2/2018</b>

DIVISION	Rec/School	LEVEL	Allstar	# On Team
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	NOV	INT	ADV	1	2	3	4	5	

**TEAM INFORMATION:**

Authorized Representative \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 Team Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Mail Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Number of Teams Competing \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

WAIVER DISCLAIMER

I acknowledge that I have read and understand the Competition Details page on Spirit Championships website. I have collected a liability waiver (signed by their legal parent/guardian) for participants that I am registering to compete at the competition held by Spirit Championships. I have the waiver and each parent represents that their child is in satisfactory health to participate in activities offered by Spirit Championships and that they are aware of the inherent risks associated with such activities which can include paralysis and death. Each parent represents that they have health insurance coverage in effect while they compete at a Spirit Championships event. I hereby acknowledge that I am authorized representative of the business/school listed above

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Payment Information:**

Non-Crossover Participants \$ \_\_\_\_\_ x \_\_\_\_\_ part. \$ \_\_\_\_\_  
2<sup>nd</sup> Routine Crossovers \$ 25 x \_\_\_\_\_ part. \$ \_\_\_\_\_  
3<sup>rd</sup> Routine Crossovers \$ 15 x \_\_\_\_\_ part. \$ \_\_\_\_\_  
Solos/Duos/Trios per participant \$25 x \_\_\_\_\_ part. \$ \_\_\_\_\_  
Parent Team \$ 20 x \_\_\_\_\_ part. \$ \_\_\_\_\_  
Special Needs team **FREE** x \_\_\_\_\_ part. \$ \_\_\_\_\_

**TOTAL DUE \$** \_\_\_\_\_

**Credit Card Payment**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Zip Code \_\_\_\_\_  
CC Number \_\_\_\_\_  
EXP Date \_\_\_\_/\_\_\_\_

I hereby allow Spirit Championships to charge the Stated amount to the Credit Card Provided

Signature: \_\_\_\_\_

**716 Wesley Ave, Unit #2, Tarpon Springs, FL 34689 Office: 727-421-6146 [www.spiritchampionships.com](http://www.spiritchampionships.com)**