



# Northeast Ohio

## YOUTH CHEERLEADING CHAMPIONSHIPS

**Sunday, November 13, 2011**

**Canton Memorial Civic Center  
1101 Market Ave N • Canton • OH • 44702**

**A Custom Competition for Youth, Rec League and Middle School Teams  
Divisions are created based on the skills included in your routine**

*You will compete against teams in the same age range that have similar skills in their routine*

- ★ Leveled Divisions
- ★ Divisions for Non-Mount & Mount Teams
- ★ Divisions for Non-Tumbling & Tumbling Teams
- ★ Trophies for ALL Teams
- ★ Medals for all Participants
- ★ CHAMPIONS T-SHIRTS for all members of 1st Place Teams

### REGISTRATION INFO:

**Entry Fee:**

\$15 per participant

**How to Register:**

Complete Registration Form and mail or fax it to our office on or before Friday, October 28th

### QUESTIONS?

**Contact our office:**

(330) 482-5999

**Email us at:**

[sd.allstar@sbcglobal.net](mailto:sd.allstar@sbcglobal.net)

### PRESENTED BY:

**All-STAR**  
CHEERLEADING INC.

For 20 years All-Star Cheerleading, Inc. has been hosting events in Northeastern Ohio and Western Pennsylvania for School Squads, Recreation & Youth Squads and All-Star Squads.

At our Championship events we promise to provide you, your team, and your fans a fun-filled (& well-run) event!

Northeast Ohio  
**YOUTH CHEERLEADING CHAMPIONSHIPS**

**Registration Form**  
One Team PER Form please

<b>Section 1: TEAM NAME</b> (School OR Youth Group Affiliation): _____	City/State to be announced from: _____
--	--

**Section 2: Contact Information**

**MAIN CONTACT**

Head Coach \_\_\_\_\_

Fax # (do **NOT** leave blank) (\_\_\_\_\_) \_\_\_\_\_

Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_

Evening Phone # (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**SECONDARY CONTACT**

Asst. Coach \_\_\_\_\_

Fax # (do NOT leave blank) (\_\_\_\_\_) \_\_\_\_\_

Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_

Evening Phone # (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Section 3: School or Organization Information**

School or Org: \_\_\_\_\_

Main Phone # (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

List all that apply—and include their phone #:

Athletic Director \_\_\_\_\_

Org. President \_\_\_\_\_

Cheer Director \_\_\_\_\_

Principal \_\_\_\_\_

**Section 4: Team Information**

Are you a:

\_\_\_\_\_ Youth/Rec League Football squad

\_\_\_\_\_ Middle School/Jr High

Total # of team members: \_\_\_\_\_

**Breakdown by grade:**  
(list # of cheerleaders in each grade for the 2007-08 school year)

1st _____	2nd _____	3rd _____
4th _____	5th _____	6th _____
7th _____	8th _____	

**What tumbling do you have in your routine** (please check all that apply):

_____ None	_____ Forward Rolls
_____ Cartwheels	_____ Round-offs
_____ Walkovers (front or back)	_____ Handsprings (front or back)
_____ Tucks (front or back)	_____ Other (please explain):

**Does your routine include building skills?** \_\_\_\_\_ Yes \_\_\_\_\_ No

\* No basket tosses permitted

_____ Thigh Stands	_____ Prep Level 2 legged stunts
_____ Prep Level 1 leg stunts	_____ Extended 2 legged stunts
_____ Extended 1 leg stunts	_____ Straight Cradle Dismounts
_____ Other (please explain):	

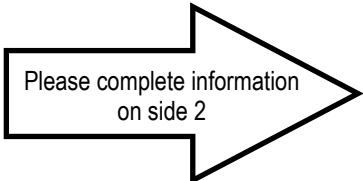
If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Teams will be placed in divisions with other teams performing skills that are similar in difficulty. Divisions will be determined after the final registration deadline.**



Section 5— REGISTRATION FEE

Calculate your TEAM Registration Fee Due:

# members \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

All registrations due on or before Friday, October 28th

Section 6—Payment information:

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card Payment::

MasterCard VISA American Express Discover

Name as it appears on Card: \_\_\_\_\_

Billing Address (address at which YOU receive your monthly bill):

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit Code on the Back: \_\_\_\_\_

Amt. To Charge \$ \_\_\_\_\_

Signature \_\_\_\_\_

Mail completed registration form and fee to:

**All-Star Cheerleading  
P.O. Box 280  
Columbiana, OH 44408**

Fax form with completed credit card payment to: **1-800-864-3680**

For questions or additional information contact:

**Amy Clark at (330) 402-0895  
1-888-577-5456 (toll free)  
Amy\_Clark@att.net**