



NATIONAL PRACTICE REGISTRATION

Complete ONE form PER team. Teams are not permitted to share time slots.

OPENS AT 9:00 AM Monday March 2, 2020

_____ TEAM/ORGANIZATION _____ DIVISION/LEVEL _____ TELEPHONE CONTACT _____ EMAIL ADDRESS #1 (REQUIRED FOR SCHEDULE)	<p>MAIL PAYMENTS/FORMS TO: Cheer and Dance Extreme 809 D Pinnacle Drive Linthicum, MD 21090 DUE: MARCH 5, 2020</p> <p>FAX: 410-531-2015 PHONE: 410-609-1212 EMAIL: nationals@cheeranddanceextreme.com</p> <p>LIMITED SPACES ARE AVAILABLE – RESERVE EARLY!</p>
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Teams will not be permitted to share practice space. One space = One team. Times are not guaranteed and are assigned in the order in which they are received. Payment is due at the time of registration or time will be forfeited.

PRACTICE WITH LEGALITY REVIEW: \$150.00 Per Team Per Team

You will have the opportunity to practice on a full floor for a total of 20 minutes. You will have your routine reviewed by a safety judge.

TIME BLOCK – FRIDAY, MARCH 13, 2020

- | Choice 1 | Choice 2 |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 4 PM – 5 PM | <input type="checkbox"/> 4 PM – 5 PM |
| <input type="checkbox"/> 5 PM – 6 PM | <input type="checkbox"/> 5 PM – 6 PM |
| <input type="checkbox"/> 6 PM – 7 PM | <input type="checkbox"/> 6 PM – 7 PM |
| <input type="checkbox"/> 7 PM – 8 PM | <input type="checkbox"/> 7 PM – 8 PM |
| <input type="checkbox"/> 8 PM – 9 PM | <input type="checkbox"/> 8 PM – 9 PM |

INDICATE YOUR FLOOR CHOICE

_____ **SPRING FLOOR** _____ **FOAM FLOOR**

FLOOR _____ TIME _____

PRACTICE TIME: \$100.00 Per Team

You will have the opportunity to practice on a full floor for a total of 20 minutes.

TIME BLOCK – FRIDAY, MARCH 13, 2020

- | Choice 1 | Choice 2 |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 4 PM – 5 PM | <input type="checkbox"/> 4 PM – 5 PM |
| <input type="checkbox"/> 5 PM – 6 PM | <input type="checkbox"/> 5 PM – 6 PM |
| <input type="checkbox"/> 6 PM – 7 PM | <input type="checkbox"/> 6 PM – 7 PM |
| <input type="checkbox"/> 7 PM – 8 PM | <input type="checkbox"/> 7 PM – 8 PM |
| <input type="checkbox"/> 8 PM – 9 PM | <input type="checkbox"/> 8 PM – 9 PM |

INDICATE YOUR FLOOR CHOICE

_____ **SPRING FLOOR** _____ **FOAM FLOOR**

FLOOR _____ TIME _____

CREDIT CARD INFORMATION Visa MasterCard AMEX

A 3% administrative fee will be added to all transactions. I understand that by signing this form, the 3% administrative fee will be included in my total and there are no refunds.

Credit Card # _____ Exp. Date ____/____/____ CVV _____

Cardholder's Name _____ Amount to be Charged _____

Billing Address _____

City/State _____ Zip _____ Telephone _____

Cardholder's Signature _____ Date _____