



NATIONAL PRACTICE REGISTRATION

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

OPENS AT WEDNESDAY 9 AM FEBRUARY 27TH

TEAM/ORGANIZATION

DIVISION/LEVEL

TELEPHONE CONTACT

EMAIL ADDRESS #1 (REQUIRED FOR SCHEDULE)

MAIL PAYMENTS/FORMS TO:
 Cheer and Dance Extreme
 809 D Pinnacle Drive
 Linthicum, MD 21090
DUE: MARCH 1ST
 FAX: 410-609-1210
 PHONE: 1-888-48-CHEER
 EMAIL:
 nationals@cheeranddanceextreme.com

Indicate your overall division: Cheer Spring Floor Cheer Foam Floor Dance Marley Floor

PREMIER PRACTICE PLAN: \$125.00 Per Team

You will have the opportunity to run through your routine on the MAIN stage and test your music. Your team will be assigned a set time to begin rotation in the Warm-Up Arena – Hall C. From there your team will move to one of the main arenas – Hall B or Hall D to perform on stage while having your routine **reviewed by a safety judge**. Please indicate your 1ST and 2ND choice. Times cannot be guaranteed.

TIME BLOCK – FRIDAY, MARCH 8, 2019

Choice 1 Choice 2

- | | |
|--------------------------------------|--------------------------------------|
| <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 |

**Limited Space
is Available!**

_____ TIME _____

Extreme Option 2: \$75.00 Per Team

You will have the opportunity to practice on a full spring floor for a total of 20 minutes. Registration must be accompanied with payment in FULL. Teams **CANNOT** share practice time slots.

TIME BLOCK – FRIDAY, MARCH 8, 2019

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 |

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.

Credit Card # _____ Exp. Date ____/____/____ CVV _____
 Cardholder's Name _____ Amount to be Charged _____
 Billing Address _____
 City/State _____ Zip _____ Telephone _____
 Cardholder's Signature _____ Date _____