



- 1.) Complete Registration form for the division you are participating. If you are a coach collecting for your entire team please try and put all members on one form.
- 2.) Fax to CDE at 410-799-8569. If faxing you can pay by Credit Card Authorization.
- 3.) If mailing, you can pay by Credit Card, Money Order or Team Check. Personal Checks will NOT be accepted.
- 4.) If you are registering the day of the event – CASH is the ONLY accepted method of payment.
- 5.) Complete a Medical Waiver. Medical Waivers cannot be faxed. We must have original signature. If you have participated or are participating with a team and your waiver has been turned in you do not have to complete a new one.

CDE has right to close registration PRIOR to event – Register Early!

Once entry limit is reached the “Star” division registration will be closed. We encourage all participants interested in competing in either Jump or Tumble Star to register in advance.

Registration Deadline:

Classics/Opens	Five (5) days prior to the event
Nationals	March 1

We cannot guarantee registration the day of the event. If time allows, CDE will accept participants on a first come-first serve basis. CDE is limited on the number of participants we can take in each division to insure the event runs on time. Please use the guide below to assist you with registering for these divisions. Please fill out the guide and turn it in with your payment. It is best if there is one form PER team. This helps when mailing out judging forms.

JUMP STAR

Offered at all events

A Jump Star competitor is a participant who must perform three consecutive jumps of choice. Three different types of jumps are strongly suggested. No music or any other skills. Participant may take a prep in between each jump.

TUMBLE STAR

Offered at all events

A Tumble Star competitor is a participant who must perform 1 tumbling run/sequence that showcases their skills, technique and includes a variety of elements. All levels of tumbling are welcome!

LEAP STAR

Offered at all events

A Leap Star competitor is a participant who must perform three leaps that showcases their skills, technique and overall execution.

KICK STAR

Offered at all events

A Kick Star competitor is a participant who must perform two (8 counts) of their best kick series that showcases their skills, technique and overall execution.

Star competitors MUST be on time for their division or you will forfeit any monies and competition time. Star competitors can be cheerleaders or dancers and do not have to be attending with a registered team. Please pick up performance times at registration/check-in the day of the event.

JUMP/TUMBLE STAR

***NOTE* CDE HAS THE RIGHT TO COMBINE SCHOLASTIC/RECREATION WITH ALL STAR IN ORDER TO PRODUCE A QUALITY COMPETITION OR IF ONE AGE DIVISION DOES NOT HAVE THE MINIMAL NUMBER OF REGISTRANTS. REGARDLESS ALL PARTICIPANTS WILL BE AWARDED.**

CATEGORY	DIVISION	<u>AGE DAY OF EVENT</u>	GENDER
TUMBLE STAR			
Scholastic/Recreation			
Tumble	Tiny	6 years and younger	M/F
Tumble	Mini	7-9 yrs old (7/8/9)	M/F
Tumble	Youth	10-12 yrs old (10/11/12)	M/F
Tumble	Junior	13-15 yrs old (13/14/15)	M/F
Tumble	Senior	16-19 yrs old (16/17/18/19)	M/F
All Star			
Tumble	Tiny	6 years and younger	M/F
Tumble	Mini	7-9 yrs old (7/8/9)	M/F
Tumble	Youth	10-12 yrs old (10/11/12)	M/F
Tumble	Junior	13-15 yrs old (13/14/15)	M/F
Tumble	Senior	16-19 yrs old (16/17/18/19)	M/F
JUMP STAR			
Scholastic/Recreation			
Jump	Tiny	6 years and younger	M/F
Jump	Mini	7-9 yrs old (7/8/9)	M/F
Jump	Youth	10-12 yrs old (10/11/12)	M/F
Jump	Junior	13-15 yrs old (13/14/15)	M/F
Jump	Senior	16-19 yrs old (16/17/18/19)	M/F
All Star			
Jump	Tiny	6 years and younger	M/F
Jump	Mini	7-9 yrs old (7/8/9)	M/F
Jump	Youth	10-12 yrs old (10/11/12)	M/F
Jump	Junior	13-15 yrs old (13/14/15)	M/F
Jump	Senior	16-19 yrs old (16/17/18/19)	M/F

CATEGORY	DIVISION	<u>AGE DAY OF EVENT</u>	GENDER
LEAP STAR			
All			
Leap	Youth	9 years and younger	M/F
Leap	Junior	10-13 yrs old (10/11/12/13)	M/F
Leap	Youth	14-19 yrs old (14/15/16/17/18/19)	M/F
KICK STAR			
All			
Kick	Youth	9 years and younger	M/F
Kick	Junior	10-13 yrs old (10/11/12/13)	M/F
Kick	Youth	14-19 yrs old (14/15/16/17/18/19)	M/F

JUMP STAR REGISTRATION FORM



MAIL PAYMENT/FORMS TO:

Cheer and Dance Extreme
 6717 Lowes Lane
 Elkridge, MD 21075
 FAX: 410-799-8569 Phone 1-888-482-4337 info@cheeranddanceextreme.com

*For Overnight Packages
 please note package:
 "No Signature Required"

TEAM / ORGANIZATION INFORMATION

TEAM/ORGANIZATION

MAILING ADDRESS

CITY STATE ZIP CODE

EMAIL ADDRESS #1 (Required)

CONTACT PERSON INFORMATION

CONTACT PERSON'S NAME

DAYTIME PHONE#

EVENING PHONE#

FAX #

CELL / PAGER#

EMAIL ADDRESS #2 (Required)

JUMP STARS – TINY (AGES 6 and UNDER)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

JUMP STARS – MINI (AGES 7/8/9)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

JUMP STARS – YOUTH (AGES 10/11/12)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

JUMP STARS – JUNIOR (AGES 13/14/15)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

JUMP STARS – SENIOR (AGES 16/17/18/19)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

PAYMENT CALCULATOR

#of Star Participants _____ x \$10.00 = _____

Total PAYMENT Due: \$ _____

Method of Payment

- Money Order/Certified Check
 Credit Card Payment and Authorization Form
 (Include 3% convenience fee)
 Team/Company Check (10 days prior to event)

CDE NOTES:

Date Received _____ Received By _____

Date Processed _____ Processed By _____

Pymt Method _____ Amt _____ Due _____

Notes _____

*Include Medical Waiver if participant is NOT participating with a Team. Waiver good for one year! If paying by credit card please attach credit card authorization.

EVENT NAME: _____

EVENT DATE: _____

TUMBLE STAR REGISTRATION FORM



MAIL PAYMENT/FORMS TO:

Cheer and Dance Extreme
6717 Lowes Lane
Elkridge, MD 21075
FAX: 410-799-8569 Phone 1-888-482-4337

*For Overnight Packages
please note package:
"No Signature Required"

info@cheeranddanceextreme.com

TEAM / ORGANIZATION INFORMATION

TEAM/ORGANIZATION

MAILING ADDRESS

CITY STATE ZIP CODE

EMAIL ADDRESS #1 (Required)

CONTACT PERSON INFORMATION

CONTACT PERSON'S NAME

DAYTIME PHONE#

EVENING PHONE#

FAX #

CELL / PAGER#

EMAIL ADDRESS #2 (Required)

TUMBLE STARS – TINY (AGES 6 and UNDER)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

TUMBLE STARS – MINI (AGES 7/8/9)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

TUMBLE STARS – YOUTH (AGES 10/11/12)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

TUMBLE STARS – JUNIOR (AGES 13/14/15)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

TUMBLE STARS – SENIOR (AGES 16/17/18/19)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1				5			
2				6			
3				7			
4				8			

PAYMENT CALCULATOR

#of Star Participants _____ x \$10.00 = _____

Total PAYMENT Due: \$ _____

Method of Payment

- Money Order/Certified Check
 Credit Card Payment and Authorization Form
 (Include 3% convenience fee)
 Team/Company Check (10 days prior to event)

CDE NOTES:

Date Received _____ Received By _____

Date Processed _____ Processed By _____

Pymt Method _____ Amt _____ Due _____

Notes _____

*Include Medical Waiver if participant is NOT participating with a Team. Waiver good for one year! If paying by credit card please attach credit card authorization.

EVENT NAME: _____

EVENT DATE: _____

LEAP STAR REGISTRATION FORM



MAIL PAYMENT/FORMS TO:

Cheer and Dance Extreme
6717 Lowes Lane
Elkridge, MD 21075
FAX: 410-799-8569 Phone 1-888-482-4337

*For Overnight Packages
please note package:
"No Signature Required"

info@cheeranddanceextreme.com

TEAM / ORGANIZATION INFORMATION	CONTACT PERSON INFORMATION
TEAM/ORGANIZATION	CONTACT PERSON'S NAME
MAILING ADDRESS	DAYTIME PHONE# EVENING PHONE#
CITY STATE ZIP CODE	FAX # CELL / PAGER#
EMAIL ADDRESS #1 (Required)	EMAIL ADDRESS #2 (Required)

LEAP STARS – YOUTH (AGES 9 and under)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1			5				
2			6				
3			7				
4			8				

LEAP STARS – JUNIOR (AGES 10/11/12/13)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1			5				
2			6				
3			7				
4			8				

LEAP STARS – SENIOR (AGES 14/15/16/17/18/19)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1			5				
2			6				
3			7				
4			8				

PAYMENT CALCULATOR

#of Star Participants _____ x \$10.00 = _____

Total PAYMENT Due: \$ _____

Method of Payment

- Money Order/Certified Check
- Credit Card Payment and Authorization Form
(Include 3% convenience fee)
- Team/Company Check (10 days prior to event)

CDE NOTES:

Date Received _____ Received By _____

Date Processed _____ Processed By _____

Pymt Method _____ Amt _____ Due _____

Notes _____

*Include Medical Waiver if participant is NOT participating with a Team. Waiver good for one year! If paying by credit card please attach credit card authorization.

EVENT NAME: _____

EVENT DATE: _____

KICK STAR REGISTRATION FORM



MAIL PAYMENT/FORMS TO:

Cheer and Dance Extreme
6717 Lowes Lane
Elkridge, MD 21075
FAX: 410-799-8569 Phone 1-888-482-4337

*For Overnight Packages
please note package:
"No Signature Required"

info@cheeranddanceextreme.com

TEAM / ORGANIZATION INFORMATION

TEAM/ORGANIZATION

MAILING ADDRESS

CITY STATE ZIP CODE

EMAIL ADDRESS #1 (Required)

CONTACT PERSON INFORMATION

CONTACT PERSON'S NAME

DAYTIME PHONE#

EVENING PHONE#

FAX #

CELL / PAGER#

EMAIL ADDRESS #2 (Required)

KICK STARS – YOUTH (AGES 9 and under)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1			5				
2			6				
3			7				
4			8				

KICK STARS – JUNIOR (AGES 10/11/12/13)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1			5				
2			6				
3			7				
4			8				

KICK STARS – SENIOR (AGES 14/15/16/17/18/19)

Age of participant is age day of event!

	Participant's Name	Birth date	Age		Participant's Name	Birth date	Age
1			5				
2			6				
3			7				
4			8				

PAYMENT CALCULATOR

#of Star Participants _____ x \$10.00 = _____

Total PAYMENT Due: \$ _____

Method of Payment

- Money Order/Certified Check
 Credit Card Payment and Authorization Form
 (Include 3% convenience fee)
 Team/Company Check (10 days prior to event)

CDE NOTES:

Date Received _____ Received By _____

Date Processed _____ Processed By _____

Pymt Method _____ Amt _____ Due _____

Notes _____

*Include Medical Waiver if participant is NOT participating with a Team. Waiver good for one year! If paying by credit card please attach credit card authorization.

EVENT NAME: _____

EVENT DATE: _____

Cheer and Dance Extreme
6717 Lowes Lane
Elkridge, Maryland 21075
www.cheeranddanceextreme.com



410-799-8569 Fax
410-799-1390 Phone
1-888-482-4337 Toll Free
info@cheeranddanceextreme.com

CREDIT CARD AUTHORIZATION/PAYMENT FORM

(Complete this form if paying with a credit card)



FAX: 410-799-8569

BILLING INFORMATION

TEAM/ORGANIZATION

CARD HOLDERS NAME AS IT APPEARS ON THE CARD

BILLING/MAILING ADDRESS OF CARD/CARDHOLDER

CITY STATE ZIP CODE

DAYTIME PHONE# EVENING PHONE#

CARD INFORMATION

CREDIT CARD NUMBER

SECURITY CODE EXPIRATION (MM/YY)

TYPE OF CARD (VISA MCARD AMX)

NOTES

Security Code is the 3 digit code found on the back of the card

AUTHORIZATION

I, _____ (please print - cardholder's name), authorize

Cheer and Dance Extreme to charge my ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

Amount Due \$ _____ + (3% Fee) \$ _____ = Total Charge to Card \$ _____

I am authorizing Cheer and Dance Extreme to charge the above amount to the credit account listed. By signing this form, I agree that I am authorized to make charges to the above listed account. Furthermore, I have read and agree to the cancellation policies of Cheer and Dance Extreme and **am aware of the 3% service/convenient charge that will be applied to the credit card transaction amount.**

AUTHORIZED SIGNATURE

DATE

PRINT NAME OF AUTHORIZING PERSON

Some cards will only allow a certain dollar amount or have a "daily cap" on the amount able to be charged. Please make any such notes below. (I.e. if the amount is \$500.00 it may need to be split up into 2 transactions of \$250.00 + \$250.00). Please note ~ you will NOT be cleared for registration until the entire amount is paid.
