

Mid American Pompon State Championship Collegiate Registration

A confirmation packet will be sent to you via email upon receipt and processing of your completed registration.
Please complete one registration per team. Please send completed form and registration fees together.

School / Organization: _____ City: _____

Announced as " _____ "

Advisor / Coach: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Email (required) _____

Additional email(s) to send confirmation to: _____

PAYMENT INFORMATION

Registration must be received on or before January 6th (Regional option) or January 20th (State Championship)

Number of *Participants*

_____ X = **TOTAL:** \$ _____

Credit Card #: _____ - _____ - _____ - _____ Exp Date: ____ / ____

Name on Credit Card: _____ Security Code: _____

Billing Address: _____ Zip Code: _____

Regional and State payments are non-refundable and non-transferable.

MUSIC DETAILS

A representative from the team will be asked to bring a mp3 player (i.e. ipod, galaxy player, etc.). The coach/ representative will be responsible for choosing the track and pressing start/ play and stopping the music for their team. Please refer questions regarding this process to Jillian at jillian@pompon.com.



Competition order
will be online one
week prior to the
competition at
www.pompon.com

COLLEGIATE REGISTRATION FORM

Please list below all members participating in the competition. Please indicate with an * if anyone did not attend the 2016 Hip Hop & High Kick Championship. (Example: J. Jones*) Parent Emergency Notices (PEN's) that are not on file with Mid American Pompon must be completed and turned in two weeks before the event for ALL participants. PEN's are available at www.pompon.com.

Please list team member's name and the college that they are currently attending.

1. _____	17. _____
2. _____	18. _____
3. _____	19. _____
4. _____	20. _____
5. _____	21. _____
6. _____	22. _____
7. _____	23. _____
8. _____	24. _____
9. _____	25. _____
10. _____	26. _____
11. _____	27. _____
12. _____	28. _____
13. _____	29. _____
14. _____	30. _____
15. _____	31. _____
16. _____	32. _____

Coach's Name Printed: _____

Coach's Signature: _____

By signing above you are stating that all of the requirements of the collegiate program are being upheld by you and your team . You are assuring that the information above is complete and correct.

**Send Completed
Registration to:**

Mid American Pompon, Inc.
24425 Indoplex Circle
Farmington Hills, MI 48335
Phone: 248-477-5248 Fax: 248-477-1133
www.pompon.com