



# Team Registration Form



## Viking Cheer Clinic

Saturday, January 10, 2009 from 2-5 p.m.

All participants perform at Halftime of the Cleveland State vs. UIC Men's Basketball Game that same night! (Game starts at 7:30 p.m.)

- Registration/Check in 1:00pm-1:45p.m. • All Skill Levels Welcome • Grades 1-8
- Clinic Will Take Place at Woodling Gymnasium • Limited Space Available
- Clinic Fee \$25\* per participant; Additional Tickets \$10

### Team Registration (\$25 Per Participant)

School/Dance Studio Name: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

To Register Please Complete The Registration Form and  
Fax to: (216) 523-7257

**Or Mail Registration Form with Payment to:**  
Cleveland State Athletic Department  
Attn: Carrie Neville  
2000 Prospect Avenue  
Cleveland, OH 44115

### Payment Options:

\_\_\_\_\_ Check (make payable to CSU Athletics)

\_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Amex

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

### Registration:

Number of Participants: \_\_\_\_\_ @ \$25 per participant = \_\_\_\_\_

Additional Tickets: \_\_\_\_\_ @ \$10 per ticket = \_\_\_\_\_

\* Registration Fee is Non-Refundable

**TOTAL:** \_\_\_\_\_

### If Registering Only One Participant, Please Use the Individual Registration Form

Participant's Name	Age	T-Shirt Size
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		

Participant's Name	Age	T-Shirt Size
12. _____		
13. _____		
14. _____		
15. _____		
16. _____		
17. _____		
18. _____		
19. _____		
20. _____		
21. _____		
22. _____		