

REGISTRATION PACKET

TERMS & CONDITIONS

REGISTRATION ASSISTANCE

We are here to help! If you have any questions regarding your registration payments please contact (860) 848-0040. For questions regarding any of the rules & regulations outlined for this event please contact us via e-mail so that we may take the time to evaluate your question and get you a quicker response. E-mail inquiries to Info@CheerNECA.com.

EVENT REGISTRATION OPTIONS

NECA has Mail, Fax, or E-mail Options Available. Please MAIL, FAX, or E-MAIL the completed registration forms found in this packet. Payments are made to NECA, Inc. and must be included with your registration. If you choose to fax your registration please contact us at (860) 848-0040 to announce your fax is on the way. Faxed and E-mailed registrations will not be complete until we receive your payment.

NECA EVENTS

P.O. Box 124
UNCASVILLE, CT 06382
FAX: (860) 848-0040
E-MAIL: Info@CheerNECA.com

REGISTRATION & TICKET FEES

Take advantage of our EARLY REGISTRATION for only \$45.00 per participant! Stunt groups are an additional \$15.00 per participant. Gyms must adhere to the fees and deadlines listed on the registration form. Two Coaches per team will receive free admission. Additional coaches' admission may be purchased for \$18.00. Spectator fees are \$18.00. Parking is included in the cost of each ticket. Children under 5 are free.

COLLEGE REGISTRATION FEE

College Cheer & Dance teams pay a flat fee of \$200.00 per team.

CROSSOVER PARTICIPANTS

Crossover participants pay the FULL registration fee for the first team they compete on and then pay the "crossover fee" for each additional team they compete on. Fees and deadlines are listed on the registration form.

PAYMENT OPTIONS

Payments may be in the form of a business check, certified bank check, or money order. Payments made within 2 weeks of the event will require a certified bank check or official money order. There is a \$35.00 "check fee" for any returned checks. Gyms with outstanding fees will not be allowed to compete in the event. Please contact NECA at (860) 848-0040 with questions regarding payment.

REFUND POLICY

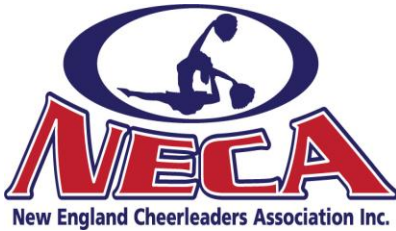
No REFUNDS will be issued within 30 days of the event for any reason to include injury and inclement weather. A refund of 75% of the total registration fee will be issued for any team withdrawing from the event at least 60 days prior to the start day. A refund of 50% of the total registration fee will be issued for any team withdrawing from the event at least 31 days prior. NO REFUNDS will be issued for individual members of teams. Change fees and late fees are non-refundable. Refund requests must be made IN WRITING to Info@CheerNECA.com and received by the deadlines above. All refunds will be issued back to the program in the manner in which they were paid.

DIVISION CHANGES

Please carefully select the division you wish to enter. Teams making more than one change will incur additional charges. Changes to divisions must be submitted in writing by the person who filed the registration. Changes made within 30 days of the event will require a \$250.00 change fee. The deadline for requesting a division change is March 17, 2012. Changes to divisions will not be made after this deadline.

NECA HOST HOTELS & TEAM PRICING

NECA has partnered with the Hampton Inn, South Kingston and the Holiday Inn, Kingston to provide group pricing for the Friday before the event and the Saturday of the event. Please visit the NECA All-Star page at www.cheerneca.com for details on how to reserve your rooms.



REGISTRATION PACKET CHECKLIST

STEP 1: Program Information

Please complete all contact information completely. E-mail will be the method of correspondence for this event.

STEP 2: Team Registration

Please list all teams and include team "nicknames" as you wish them to appear.

STEP 3: Payment Calculator

Please refer to the registration deadlines to accurately calculate fees.

STEP 4: Payments & Owner Agreement

Payments must adhere to deadlines and must accompany your registration. NECA accepts company checks, certified bank checks, or money orders. Individual checks are not accepted. Gym owners must sign off on the registration policy.

STEP 5: Team Rosters

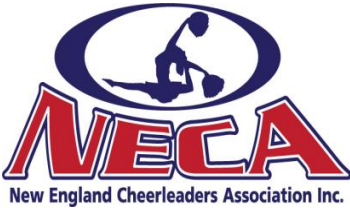
Please attach all team rosters & provide crossover information. Changes to rosters must be faxed prior to the event to (860) 848-0040.

STEP 6: Submit Registration & Payments

Mail to: NECA Events
P.O. Box 124
Uncasville, CT 06382

Fax to: (860) 848-0040

E-mail Questions: Info@cheerneca.com



ALL-STAR & COLLEGE CLASSIC REGISTRATION FORM-PAGE 2

STEP 3: PAYMENT CALCULATOR

<p style="text-align: center;">EARLY BIRD REGISTRATION <i>Postmark by: December 31, 2011</i> \$45.00 PER PARTICIPANT \$35.00 PER CROSSOVER</p>	<p style="text-align: center;">ON-TIME REGISTRATION <i>Postmark by: January 31, 2012</i> \$50.00 PER PARTICIPANT \$40.00 PER CROSSOVER</p>	<p style="text-align: center;">STILL TIME REGISTRATION <i>Postmark by: February 29, 2012</i> \$55.00 PER PARTICIPANT \$45.00 PER CROSSOVER</p>	<p style="text-align: center;">COLLEGE REGISTRATION <i>Postmark by: February 29, 2012</i> \$200.00 FLAT FEE</p>
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COACH'S ADMISSION PACKAGE: Two (2) coaches per team will be allowed a complimentary official admission package. This includes a free coaches t-shirt and admission bracelet for the entire day. Each coach must be listed on your team roster and be insured members of the gym they are accompanying. *Additional coach's bracelets may be purchased in advance by the gym owner or person authorized to file the registration.*

TOTAL Number of Participants _____ x (rate) _____ = _____

CROSSOVER Participants _____ x (rate) _____ = _____

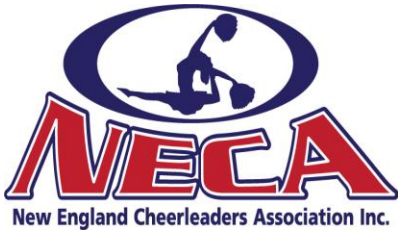
Additional Coaches _____ x (rate) \$18.00 = _____

REGISTRATION COST TOTAL _____ = _____

GYM OWNER AGREEMENT: I have read the "NECA All-Star & College Classic" Rules and Regulations and understand the terms and conditions outlined for this event. I agree to adhere to the terms and conditions set forth by NECA, Inc. Furthermore, I agree to pay the above registration costs as indicated. I am aware of the refund policies for this event and by signing this form assert my compliance.

Signature of Gym Owner: _____ **Date:** _____

Office Use Only Postmark Date: _____ Payment Received: _____ Rosters Received: _____ Confirmation Sent: _____



ALL-STAR & COLLEGE CLASSIC TEAM ROSTER & ELIGIBILITY SHEET

STEP 5: ROSTERS & ELIGIBILITY

GYM OWNER: Please specify the division & level of the team associated with this roster. List EACH participant, their birth date, and age as of August 31 of this competition year. **IMPORTANT:** Please list all crossovers on this form and indicate which team they are crossing over to. This roster **MUST** accompany your original mailed registration. Coaches must carry age eligibility documents for their team members to this event.

Name of Team: _____ Division: _____ Level: _____

Coach 1: _____ Coach 2: _____

Participant's Name	Age	D.O.B.	Team Crossing To	Participant's Name	Age	D.O.B.	Team Crossing To
1.				19.			
2.				20.			
3.				21.			
4.				22.			
5.				23.			
6.				24.			
7.				25.			
8.				26.			
9.				27.			
10.				28.			
11.				29.			
12.				30.			
13.				31.			
14.				32.			
15.				33.			
16.				34.			
17.				35.			
18.				36.			

I certify that all the participants listed here meet the USASF eligibility requirements of the division that I have entered them in.

GYM OWNER'S SIGNATURE: _____ **DATE:** _____