Mid American Pompon
State Championship Registration Sheet 2020

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/Name: _____ City:_____

Announced as "_____"

Advisor / Coach: _____

Mailing Address:_____

City: _____Zip: _____

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

Email (required) _____

Additional email(s) to send confirmation to: _____

_____

Our Team is: ***(please include number of girls participating)*** Class A Class B Class C/D

Varsity #:_____ Junior Varsity #: _____ Middle School #:_____

We are attending the Regional Competition at:

January 18– Heritage High School January 19-- Northville High School

PAYMENT INFORMATION

Registration must be received on or before January 9th, 2020

# of Participants _____ **X $56.00 Each Member (Check)** **=** _____
$58.00 Each Member (Credit Card)

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 Sarah at sarah@pompon.com.

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

www.pompon.com

Please list below all participants attending the competition. Please indicate with an * anyone who did not attend a 2019 Mid American Pompon Summer Overnight or Day Camp or the 2019 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 for ALL participants two weeks prior to the competition you are participating in.** PEN's are available at www.pompon.com.

1._____ 18._____

2._____ 19._____

3._____ 20._____

4._____ 21._____

5._____ 22._____

6._____ 23._____

7._____ 24._____

8._____ 25._____

9._____ 26._____

10._____ 27._____

11._____ 28._____

12._____ 39._____

13._____ 30._____

14._____ 31._____

15._____ 32._____

16._____ 33._____

17._____ 34._____

- Be sure to forward all important information, as well as website links to parents for maps to EMU, and spectator information.
- Questions? Julie@pompon.com

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

Mid American Pompon
State Championship Collegiate Registration 2020

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 9th (Regional option) or January 24th (State Championship)

# of Participants _____ **X $56.00 Each Member (Check) REGIONAL & STATE**
$58.00 Each Member (Credit Card)
OR: **$39.00 Each Member (Check) STATE ONLY**
$41.00 Each Member (Credit Card) **=** _____

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 Sarah at sarah@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 2019 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:

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