



# HIGH KICK & HIP HOP CHAMPIONSHIP COLLEGIATE FORM

Registration due  
**OCTOBER 18, 2013**

Please complete one registration form *per team*.  
A confirmation packet will be sent to you via email upon receipt of payment and completed form.

School / Organization: \_\_\_\_\_

Announced as " \_\_\_\_\_ "

Advisor / Coach: \_\_\_\_\_

One free event tee will be given per team for the coach. Additional shirts may be pre-ordered or purchased at the event.

Shirt size: (adult sizes):  Small  Medium  Large

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email (required) \_\_\_\_\_

Additional email(s) to send confirmation to: \_\_\_\_\_

## OUR TEAM IS:

Collegiate

## WE WILL COMPETE IN THE FOLLOWING CATEGORIES:

High Kick      Number of participants \_\_\_\_\_       Hip Hop      Number of participants \_\_\_\_\_

Categories will be divided into Small, Medium and Large divisions only when 10 or more teams enroll in a category.

**MUSIC DETAILS WILL BE IN THE CONFIRMATION PACKET**  
**OR REFER TO WWW.POMPON.COM FOR MORE INFORMATION**

### PAYMENT INFORMATION

Number of Participants  
1st Category: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

**PLUS**  
Additional Category: \_\_\_\_\_ + \_\_\_\_\_

**TOTAL ENCLOSED:** = \_\_\_\_\_

Card Holder: \_\_\_\_\_ Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Last 3 Digits on back of card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**HIP HOP AND HIGH KICK CHAMPIONSHIP  
COLLEGIATE REGISTRATION FORM 2013**

Please list below all members participating in the competition. (PEN's) Forms need to be completed and submitted with registration or 2-weeks before the competition. PEN forms will be kept on file for 1 school year. PEN forms can be found on the home page at [www.pompon.com](http://www.pompon.com).

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

1. _____	18. _____
2. _____	19. _____
3. _____	20. _____
4. _____	21. _____
5. _____	22. _____
6. _____	23. _____
7. _____	24. _____
8. _____	25. _____
9. _____	26. _____
10. _____	27. _____
11. _____	28. _____
12. _____	29. _____
13. _____	30. _____
14. _____	31. _____
15. _____	32. _____
16. _____	33. _____
17. _____	34. _____

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 payment and completed registration form to:  
Mid American Pompon  
24425 Indoplex Circle - Farmington Hills, MI 48335  
Phone: (248) 477-5248 - Fax: (248) 477-1133  
[www.pompon.com](http://www.pompon.com)**