



HIGH KICK & HIP HOP CHAMPIONSHIP COLLEGIATE FORM

Registration due
OCTOBER 16, 2015

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 / Team Name: _____

Announced as " _____ "

Advisor / Coach: _____

Mailing Address: _____

City: _____ Zip: _____

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

Coach 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: _____

**Registration Due
OCTOBER 16, 2015**

**HIP HOP AND HIGH KICK CHAMPIONSHIP
COLLEGIATE REGISTRATION FORM 2015**

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.

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**