



HIGH KICK & HIP HOP CHAMPIONSHIP COLLEGIATE FORM

Registration due
OCTOBER 26, 2018

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

Prior to 10/19 \$36.00 Each Member (Check)

\$38.00 Each Member (Credit Card)

After 10/19 \$38.00 Each Member (Check)

\$40.00 Each Member (Credit Card) = _____

PLUS

Additional Category - \$75.00 + _____

TOTAL ENCLOSED: = _____

Card Holder: _____ Credit Card # _____ - _____ - _____

Exp. Date ____/____/____ Last 3 Digits on back of card: _____

Billing Address: _____ Zip Code: _____

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OCTOBER 26, 2018**

**HIP HOP AND HIGH KICK CHAMPIONSHIP
COLLEGIATE REGISTRATION FORM 2018**

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**