



Northwest All-Star Cheerleading Coaches Summit Registration Form

Date: May 20-21, 2011

Location: Bellevue Sheraton, Bellevue, WA

Registration information (type or print legibly in ink)

Name _____

Address _____

City _____ State _____ Zip _____

Organization _____

Phone _____ Fax _____ Cell _____

E-mail address _____

CHECK ALL THAT APPLY

I am a:

- Gym Owner
- Coach

Program/Team Type:

- All-Star Only

REGISTRATION COST:

Of Person

TOTAL

Early bird (by 4/15/11)	\$90	x	<input type="text"/>	=	<input type="text"/>
Regular: (by 5/6/11):	\$95	x	<input type="text"/>	=	<input type="text"/>
Late: (after 5/6/11):	\$125	x	<input type="text"/>	=	<input type="text"/>
Hotel Rate : 1 person:	\$124.69	per night		=	<input type="text"/>
2 persons.....	\$124.69	per night			
3 persons	\$134.69	per night			
4 persons:	\$134.69	per night			

All room rates include breakfast @ the Bellevue Grille. Taxes are included.
Rooms and breakfast are located at the Bellevue Sheraton-100 112th Ave NE, Bellevue, Washington

Last Day to register: May 16, 2011 **GRAND TOTAL**

PAYMENT

VISA MasterCard Amex Discover CHECK# _____

Payment with credit card may be subject to transaction fee

Credit Card Number _____ Exp. Date _____ Security Code _____

Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

I, _____ authorize All Things Cheer to
credit card holder's signature required

I am registering my organization for an ATC event and have completed and understand the registration information provided. I agree to follow the procedures for payments and balances. I understand that event confirmation materials will be e-mailed to the address provided. I will provide All Things Cheer with all medical waivers, and birth certificates upon check in at the event.

Signature Required _____

Date: _____

All Registration Must be accompanied by a credit card or cashiers check no later then May 16th. No personal gym checks will be accepted.