



Mail to
 Amanda Maronese
 OCF North Rep
 39 Dalton Ave
 Thunder Bay, ON
 P7B 4E8

School Name: _____
 Team Name: _____
 Contact Person: _____
 Contact e-mail: _____
 School Address: _____

 School Phone: _____
 School Fax: _____

DANCE DIVISION

Regional Event

North **March 7, 2010** Fort William Arena, Thunder Bay

SELECT YOUR DIVISION AND LEVEL

Cheer Division	Grade/Age	Female / Male	Number on Team	Level
Junior	Under 14 years	Female / Male	4-24 members	Open Dance
Senior	14 years or older	Female / Male	4-24 members	Open Dance
University	Registered / Graduate students including co-op	Female / Male	No Limits	Open Dance

The OCF reserves the right to combine divisions where necessary.

TEAM ROSTER SCHOOL: _____ TEAM NAME: _____

Coaches 1. _____ 2. _____ Division: _____

Additional Coaches: _____

Waiver (Office Use)	Athlete's Name	Grade	Cross Over Athlete	Waiver (Office Use)	Athlete's Name	Grade	Cross Over Athlete
	1				13		
	2				14		
	3				15		
	4				16		
	5				17		
	6				18		
	7				19		
	8				20		
	9				21		
	10				22		
	11				23		
	12				24		

All cheerleaders listed are currently enrolled at _____ (school name).

Head Coach: _____ Date: _____ Staff Advisor: _____ Date: _____

PAYMENT DUE

REGIONAL EVENT	North Sun March 7 2010
EARLY BIRD 20.00/athlete	Received by Fri Feb 12, 2010
ON TIME \$25.00/athlete	Received by Fri Feb 19, 2010
LATE \$35.00/athlete	Received by Fri Feb 26, 2010

____ (number of athletes) X \$____.00 (competition fee) = \$ _____

____ (cross over athlete) X \$ 10.00 = \$ _____

Provide/Attach Student accident insurance or other insurance policy OR

____ (number of athletes) X \$15.00 (OCF insurance fee) = \$ _____

TOTAL \$ _____

Please make cheques payable to the Ontario Cheerleading Federation