



2024 InterNational Championship Registration Form

Registration Deadline: December 1, 2023



Instructions

Required Forms to Complete the Registration Process and Additional Information:

1. InterNational Championship Registration Form
2. Deposit Information Form
3. Division Form (*Go to RegChamp*)
4. Resident Package Room Assignment Form or Commuter, & Admission Only Package Form
5. Travel Information Form
6. Gift Card (Optional)

- Include all InBid certificates when submitting your registration forms. These will be applied to your final invoice.
- All registration forms must be accompanied by the organization's deposit amount calculated in the DEPOSIT INFORMATION form.
- Payments will be accepted in the form of a certified check, money order, school purchase order, VISA, MasterCard, American Express or Discover (3.0% fee for all credit card payments). Make checks payable to "AmeriCheer" or "AmeriDance". Only ONE payment per organization (no multiple checks allowed; individual credit cards will be charged an additional processing fee). Please do not send cash. There will be a \$40 Fee applied to each not sufficient funds (NSF) checks.
- Late registrations will be assessed a \$100 Express Registration Fee starting January 1st, 2024.
- After receiving all required registration forms and deposits, AmeriCheer/AmeriDance will send a confirmation packet that includes specifics and your group's invoice for the remaining balance due.
- Refer to americheerfamilyofbrands.com for all cancellation and refund policy information.

Primary Contact			
Mobile Phone		Work/Day Phone	
Address			
City	State	Country	Zip Code
Email Address			
School/Org		Org. Phone	
Org. Address		City/State	Zip Code
Head Coach		# of Coaches	
Head Coach Email			
Head Coach Phone			

Please return completed registration form and payment to:

AmeriCheer
 Attn: InterNational Championship
 20 Collegeview Rd Westerville, OH 43081
 Fax: 614-898-0404
 Email: events@americheer.com

Note: Confirmation Materials will be sent to the primary contact email provided.





2024 InterNational Championship Registration Form



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DEPOSIT INFORMATION

(Please complete info below)

Ultimate Package:

Total # of Resident Coaches/Advisors & Competitors
_____ x \$100 deposit/person = \$ _____

Total # of Resident Family/Friends
_____ x \$100 deposit/person = \$ _____

Grand Package:

Total # of Resident Coaches/Advisors & Competitors
_____ x \$100 deposit/person = \$ _____

Total # of Resident Family/Friends
_____ x \$100 deposit/person = \$ _____

Commuter Package:

Total # of Resident Coaches/Advisors & Competitors
_____ x \$100 deposit/person = \$ _____

Total # of Resident Family/Friends
_____ x \$100 deposit/person = \$ _____

Basic Only:

Total # of Friends/Family admission only
_____ 1 Day x \$100 deposit = \$ _____

_____ 2 Day x \$100 deposit = \$ _____

Florida Season Pass Holders:

Total # of season pass holders = \$ _____
Friends/Family x \$125

Senior (65+) x \$85 = \$ _____

Additional Items:

Total # Individual/Soloist Competitors # _____ \$95/performance = \$ _____

Total # of Stunt Group/Duo/Ensembles # _____ \$125/performance = \$ _____

Total # Additional Performance/Divisions # _____ \$200/performance = \$ _____

Total Amount Due: \$ _____

2024 InterNational Championship

Resident Package Room Assignment Form

Please complete and return this rooming assignment information to AmeriCheer & AmeriDance. PLEASE NOTE: YOU MUST FILL IN THE APPROPRIATE PACKAGE ABBREVIATION FOR EACH PERSON IN THE ROOM SO WE MAY INVOICE YOU CORRECTLY. Please print all names clearly.

*Duplicate this form as necessary **School/Organization** _____

Room # next to Each Room: Please number each room in order (i.e. 1,2,3,4...)

Name: List the first and last name of each person.

Individual Type: Check One per Person: **(COM)** Competitor; **(ADV)** Advisor/Coach; **(FF)** Family/Friend; **(CH)** Non-Competing Child

Package Abbreviations: Write in the following for each person: Grand Plain Package **(GP)** (includes 2 Park/3 Day Ticket);

Ultimate Package **(UP)** (3 Park/3 Day Ticket). More options available due to ticket upgrades, please ask your account manager for details.

Extra Nights: If a room would like to extend their stay, please list the number of nights with corresponding dates. Extra nights can only be added to the Ultimate package.

Arrival/Departure Day: Check one of the appropriate arrival and departure dates next to the corresponding package title.

Name	Individual Type - Check One Per Person	Resort - Check One Per Room	Package Abbreviation - One Per Person	Extra Nights
1. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH	<input type="checkbox"/> Cabana Bay <input type="checkbox"/> Dockside Inn <input type="checkbox"/> Loews Sapphire Falls	_____	# of extra nights: _____
2. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check in: _____
3. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check out: _____
4. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
5. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
6. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
Arrival/Departure Dates - Check one Per Room Grand - 3 nights: <input type="checkbox"/> Thur 3/14 - Sun 3/17 <input type="checkbox"/> Fri 3/15 - Mon 3/18 Ultimate - 4 nights: <input type="checkbox"/> Thur 3/14 - Mon 3/18 <input type="checkbox"/> Fri 3/15 - Tues 3/19				

Name	Individual Type - Check One Per Person	Resort - Check One Per Room	Package Abbreviation - One Per Person	Extra Nights
1. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH	<input type="checkbox"/> Cabana Bay <input type="checkbox"/> Dockside Inn <input type="checkbox"/> Loews Sapphire Falls	_____	# of extra nights: _____
2. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check in: _____
3. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check out: _____
4. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
5. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
6. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
Arrival/Departure Dates - Check one Per Room Grand - 3 nights: <input type="checkbox"/> Thur 3/14 - Sun 3/17 <input type="checkbox"/> Fri 3/15 - Mon 3/18 Ultimate - 4 nights: <input type="checkbox"/> Thur 3/14 - Mon 3/18 <input type="checkbox"/> Fri 3/15 - Tues 3/19				

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2. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check in: _____
3. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check out: _____
4. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
5. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
6. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
Arrival/Departure Dates - Check one Per Room Grand - 3 nights: <input type="checkbox"/> Thur 3/14 - Sun 3/17 <input type="checkbox"/> Fri 3/15 - Mon 3/18 Ultimate - 4 nights: <input type="checkbox"/> Thur 3/14 - Mon 3/18 <input type="checkbox"/> Fri 3/15 - Tues 3/19				

Name	Individual Type - Check One Per Person	Resort - Check One Per Room	Package Abbreviation - One Per Person	Extra Nights
1. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH	<input type="checkbox"/> Cabana Bay <input type="checkbox"/> Dockside Inn <input type="checkbox"/> Loews Sapphire Falls	_____	# of extra nights: _____
2. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check in: _____
3. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	Check out: _____
4. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
5. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
6. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> CH		_____	_____
Arrival/Departure Dates - Check one Per Room Grand - 3 nights: <input type="checkbox"/> Thur 3/14 - Sun 3/17 <input type="checkbox"/> Fri 3/15 - Mon 3/18 Ultimate - 4 nights: <input type="checkbox"/> Thur 3/14 - Mon 3/18 <input type="checkbox"/> Fri 3/15 - Tues 3/19				

Commuter & Basic Only Package Form

Please complete and return this form to AmeriCheer & AmeriDance along with your registration by Dec 1, 2023

PLEASE NOTE: YOU MAY CHECK THE APPROPRIATE PACKAGE ABBREVIATION FOR EACH PERSON LISTED SO WE MAY INVOICE YOU CORRECTLY. Please print all names clearly. Duplicate this form as necessary.

School/Organization: _____

Commuter Package Legend:

If your school/organization will be attending on the Commuter Package, please indicate below the hotel where you will be staying, arrival and departure dates, the group leader's name and contact phone for that person. This is very important, as it will allow us to contact you more swiftly and accurately in the event of an emergency. If your school/organization will be staying in multiple hotels, please duplicate this form for each hotel being used. Thank you!

Package Availability and Limitations:

The Basic is for family/friends only (athletes must choose the commuter package) & for senior citizens (65+) admission a valid ID is required for verification. The Commuter Package is available to teams and family/friends who wish to find their own hotel accommodations. (Please reference "Pricing Information" for additional information on these packages.)

Name: List the first and last name of each person.

Individual Type: Check One per Person: (COM) Competitor; (ADV) Advisor/Coach; (FF) Family/Friend; (SC) Senior Citizen 65+

Package Abbreviations: Circle one of the following for each person: Commuter Package (CP) (2 Park/3 Day Ticket); Friends/ Family Basic Only 1 Day (AO1) Friends/Family Basic Only 2 Day (AO2) Senior Citizen Basic Only 1 Day (AO1); Senior Citizen Basic Only 2 Days (AO2)

Hotel: _____ **Arrival Date:** _____ **Departure Date:** _____

Group Leader: _____

Group Leader Contact Number: _____

Group Leader Contact Email: _____

<u>Name</u>	<u>Individual Type</u> <small>Check one per person</small>	<u>Package Abbreviation</u> <small>Circle one per person</small>
1. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
2. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
3. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
4. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
5. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
6. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
7. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
8. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
9. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2
10. _____	<input type="checkbox"/> COM <input type="checkbox"/> ADV <input type="checkbox"/> FF <input type="checkbox"/> SC	CP AO1 AO2



2024 InterNational Championship Credit Card Authorization Form

Organization Name: _____

Contact Name: _____

Contact Phone: _____

Note: All Credit Card Transactions will incur a 3.0% processing fee

Credit Card Type: VISA MC DISCOVER AMEX

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____

Name as it appears on card: _____

(Please Print)

Total Balance Paid: _____

+ Processing Fee: **3.0%**

Total Charged to Card: _____

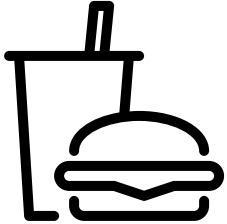
I understand that the amount stated is being charged to my card for charges from AmeriCheer/AmeriDance

Authorized Signature: _____
(Signature) *(Date)*

Individual Names that the above charges are applied to: _____

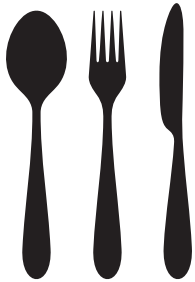


2024 InterNational Championship Gift Card Information Form



What is included?

The Gift Card is the perfect way to pre-pay your meals for great food at SEVERAL dining locations throughout Universal Orlando's Theme Parks, Universal's CityWalk™ and any Universal hotels.



Where Can I Use Them? - *If needed please ask for specific locations*

- Universal Studios Florida
- Universal's Island of Adventure
- Universal's Volcano Bay
- Universal CityWalk
- Even at your Universal hotel dining location!

Team or Individual Name:

Total Number of Gift Cards:

Total # _____ x \$25.00 per card = _____
Total \$ _____

Please return to the AmeriCheer & AmeriDance office not later than December 31, 2023

Fax to: 614-898-0404

Or email to: events@americheer.com

Please note: A \$1.00 administrative fee will be added per gift card ordered. Gift card total will be included on balance due invoice. Make checks payable to AmeriCheer .