



# InterNationals Registration Form

2026 AmeriCheer / AmeriDance InterNationals

**Registration Deadline:**

December 15, 2025



## Instructions

Step:

1. InterNationals Registration Form
2. Deposit Calculation Worksheet
3. Credit Card Authorization Form
4. Part 1 - Resort Package Room Assignment Form  
Part 2 - Commuter, Florida Competitor, & Daily Package Form
5. Travel Information Form (please send in when travel arrangements have been made.)
6. Gift Card Order Form (Optional)
7. Scan or take a picture of all forms and email to [events@americheer.com](mailto:events@americheer.com)
8. Go to [RegChamp.com](http://RegChamp.com) to enter team(s) in Scoring Database.

\* 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 step 2.

\* Payments will be accepted in the form of a certified check, money order, school check, Visa, Master Card, American Express, or Discover. (3.0% processing fee for all credit card payments). Make checks payable to "AmeriCheer" or "AmeriDance". A \$45 insufficient funds charge will be added to any returned checks. Please do not send cash.

\* Late registrations will be assessed a \$100 express registration fee starting January 1st, 2026.

\* After receiving all required registration forms and deposits, AmeriCheer/AmeriDance will send a participant list for verification and an invoice with the remaining balance due.

\* Refer to [americheerfamilyofbrands.com](http://americheerfamilyofbrands.com) for all cancellation and refund policy information.

## STEP 1: Please leave no blank fields

**Organization / School Name:**

**Team Name(s) and Colors:**

**Primary Contact First Name:**

**Primary Contact Last Name:**

**Position:**

**Primary Contact Address:**

**Primary Contact City:**

**Primary Contact State:**

**Primary Contact Zip:**

**Country:**

**Primary Contact Mobile #:**

**Primary Contact Work #:**

**Head Coach Full Name:**

**Primary Contact Email Address:**

**Organization Address:**

**Organization City:**

**Organization State:**

**Organization Zip:**

**Country:**

**Organization / School Phone Number:**

**Organization / School Email Address:**

Please return completed registration form and payment to:

AmeriCheer / AmeriDance ATTN: InterNationals 2026

20 Collegeview Rd Westerville, OH 43081

Fax: 614-898-0404

Email: [events@americheer.com](mailto:events@americheer.com)



"America's Leader in Spirit"

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

# Deposit Calculation Worksheet

## 2026 AmeriCheer/AmeriDance InterNationals



**STEP 2:** This form will help you calculate the deposit that needs to accompany your registration.

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### Instructions

Place the total amount of participants by category in the field provided.

**Organization / School Name:**

How many Epic Packages?	Coaches/Advisors/Competitors	_____
	Friends/Family/Non-Competing Child	_____
How many Ultimate Packages?	Coaches/Advisors/Competitors	_____
	Friends/Family/Non-Competing Child	_____
How many Grand Packages?	Coaches/Advisors/Competitors	_____
	Friends/Family/Non-Competing Child	_____
How many Epic Commuter Packages?	Coaches/Advisors/Competitors	_____
	Friends/Family/Non-Competing Child	_____
How many Daily Packages with park tickets?	1 Day	_____
Special Pricing for Friends/Family & Seniors (65+)	2 Day	_____
How many Daily Packages (No Park Tickets)?	1 Day	_____
(Florida Season Pass Holders Only)	2 Day	_____
How many Florida Competitor Packages		
(Florida Residents Only)	Coaches/Advisors/Competitors	_____
Total Attendees in your group?		_____
Deposit is \$100 per attendee:		<b>x \$100</b>
<b>Total Deposit Due:</b>		_____
Additional Items:		
How many Individual / Soloist Competitors?	<b>x \$100</b>	_____
How many Ensembles/Partner Stunt/Group Stunt/Cheer Duo/Cheer Trio?	<b>x \$175</b>	_____
How many Additional Divisions?	<b>x \$275</b>	_____
Total Additional Items (total 3 items above):		
_____		
<b>Total Due (Total Deposit Due + Total Additional Items):</b>		
_____		

\* Payments will be accepted in the form of a certified check, money order, school check, Visa, Master Card, American Express, or Discover. (3.0% processing fee for all credit card payments). Make checks payable to "AmeriCheer" or "AmeriDance". A \$45 insufficient funds charge will be added to any returned checks. Please do not send cash.

# Credit Card Authorization Form

## 2026 AmeriCheer/AmeriDance InterNationals



**STEP 3:** This form is a Credit Card Authorization. We will run the card for the amount you specify, please fill it out in full.  
(If you do not want to share your full card number, please put the last four digits and call us with the rest of the number.)

(Please print, complete, and sign.)

Organization / School Name:

---

Credit Card Contact Name:

---

Credit Card Contact Phone:

---

Credit Card Type:

☐

Visa

☐

Master Card

☐

Discover

☐

American Express

*Note: All credit card transactions will incur a 3% processing fee.*

Remitting Payment  
by other means:

☐

Certified Check

☐

School Check

☐

School PO  
(full payment due by Jan 15)

Credit Card #:

---

Expiration Date:

---

Sec. Code:

---

Billing Zip Code:

---

Name as it appears on card:

---

*(Please Print)*

Total Balance Paid:

---

+ Processing Fee

3%

*(Please Calculate)*

Total to be Charged to Card:

---

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

Authorized Signature:

---

*(Signature)*

*(Date)*

Names of attendees this payment should be  
applied to:

---

---

When the card is run, if it does not go through the first time, we will run it again immediately. If you get an alert, please authorize it and call 614-898-1000 to let us know that it has been authorized and we will run it again if needed.



# Resort Package Room Assignment Form

## 2026 AmeriCheer/AmeriDance InterNationals

**STEP 4(Part 1):** Please complete and return this rooming assignment form.

**YOU MUST CHECK THE PACKAGE FOR EACH PERSON IN THE ROOM SO WE MAY INVOICE YOU CORRECTLY.**

**Please print all names clearly.**

**\* Duplicate this form as necessary**

Organization / School Name: \_\_\_\_\_

**Room #** Place a checkmark next to Resort:

☐ Universal Endless Summer Resort -  
Dockside Inn and Suites

☐ Universal Stella Nova Resort

☐ Universal's Cabana Bay  
Beach Resort

☐ Loews Sapphire Falls Resort at  
Universal Orlando

(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

Competitor    Advisor/  
Coach    Friends/  
Family    Non-  
Competing  
Child    Epic  
Package    Ultimate  
Package    Grand  
Package

Epic - 4D/3P/4N    Ultimate 3D/3P/4N    Grand 3D/3P/3N  
D=Park-Day    P=# of Parks    N=Nights Stay

Extra Nights

1												
2												
3												
4												
5												
6												

Check In: \_\_\_\_\_

Check Out: \_\_\_\_\_

Arrival/Departure Dates -  
Check one Per Room

**Grand 3  
Nights**    ☐ Thurs 3/12 -  
Sun 3/15    ☐ Fri 3/13 -  
Mon 3/16

**Ultimate &  
Epic Nights**    ☐ Thurs 3/12 -  
Mon 3/16    ☐ Fri 3/13 -  
Tues 3/17

**Room #** Place a checkmark next to Resort:

☐ Universal Endless Summer Resort -  
Dockside Inn and Suites

☐ Universal Stella Nova Resort

☐ Universal's Cabana Bay  
Beach Resort

☐ Loews Sapphire Falls Resort at  
Universal Orlando

(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

Competitor    Advisor/  
Coach    Friends/  
Family    Non-  
Competing  
Child    Epic  
Package    Ultimate  
Package    Grand  
Package

Epic - 4D/3P/4N    Ultimate 3D/3P/4N    Grand 3D/3P/3N  
D=Park-Day    P=# of Parks    N=Nights Stay

Extra Nights

1												
2												
3												
4												
5												
6												

Check In: \_\_\_\_\_

Check Out: \_\_\_\_\_

Arrival/Departure Dates -  
Check one Per Room

**Grand 3  
Nights**    ☐ Thurs 3/12 -  
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(Please  
number each  
room in order  
(i.e. 1,2,3,4...))

Name:

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Competitor    Advisor/  
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Extra Nights

1												
2												
3												
4												
5												
6												

Check In: \_\_\_\_\_

Check Out: \_\_\_\_\_

Arrival/Departure Dates -  
Check one Per Room

**Grand 3  
Nights**    ☐ Thurs 3/12 -  
Sun 3/15    ☐ Fri 3/13 -  
Mon 3/16

**Ultimate &  
Epic Nights**    ☐ Thurs 3/12 -  
Mon 3/16    ☐ Fri 3/13 -  
Tues 3/17



**Please print all names clearly, it would help if you also provided a list of the names typed.**

Organization / School Name: \_\_\_\_\_

**These packages offer preferred pricing based on our group room block commitment.**

**Commuter Package:** Available to teams and family/friends who prefer to arrange their own hotel accommodations and shuttle service. This includes 3-Day / 3 Park Ticket that includes Universal's Epic Universe.

**Daily Package:** This option is available only to family and friends. Competitors/Advisors/Coaches are required to select the Commuter Package. Senior citizens (age 65+) are eligible for discounted package with valid ID for verification.

[illegible]



# Travel Information Form

## 2026 AmeriCheer/AmeriDance InterNationals



**STEP 5:** This information is necessary for an optimal AmeriCheer / AmeriDance InterNationals experience.

**Please print all names clearly.**

**\* Duplicate this form as necessary**

Organization / School Name: \_\_\_\_\_



**We understand that you may not have all of this information when you register.  
Please send this information as soon as you have made the travel arrangements.**

Flights and Airport/Terminal-Resort transportation is the Organizations/School responsibility and not included in any package.  
(Please read the transportation section of the Frequently Asked Questions for recommendations for ground transportation.)  
If Arriving by Bus or Car, please just fill out expected Arrival & Departure Date & Time and who will be traveling together.

**Most Organizations / Schools will travel in one group or multiple groups. Please advise us of who is coming and when.**

Travel Type: ☐ Air ☐ Bus ☐ Car ☐ Train Arrival Date & Time \_\_\_\_\_ Departure Date & Time \_\_\_\_\_  
(Check Box)

Arrival Airline: \_\_\_\_\_ Arrival Flight #: \_\_\_\_\_ Airport/Terminal-Resort  
or Arrival Train: \_\_\_\_\_ or Arrival Train #: \_\_\_\_\_ Transfer if applicable: \_\_\_\_\_

Who is traveling in this group?: \_\_\_\_\_  
(First and Last Name, separate with a comma)

Departure Airline: \_\_\_\_\_ Departure Flight #: \_\_\_\_\_ Resort-Airport/Terminal  
or Departure Train: \_\_\_\_\_ or Departure Train#: \_\_\_\_\_ Transfer if applicable: \_\_\_\_\_

Who is traveling in this group?: \_\_\_\_\_  
(First and Last Name, separate with a comma)

### Additional Groups

Travel Type: ☐ Air ☐ Bus ☐ Car ☐ Train Arrival Date & Time \_\_\_\_\_ Departure Date & Time \_\_\_\_\_  
(Check Box)

Arrival Airline: \_\_\_\_\_ Arrival Flight #: \_\_\_\_\_ Airport/Terminal-Resort  
or Arrival Train: \_\_\_\_\_ or Arrival Train #: \_\_\_\_\_ Transfer if applicable: \_\_\_\_\_

Who is traveling in this group?: \_\_\_\_\_  
(First and Last Name, separate with a comma)

Departure Airline: \_\_\_\_\_ Departure Flight #: \_\_\_\_\_ Resort-Airport/Terminal  
or Departure Train: \_\_\_\_\_ or Departure Train#: \_\_\_\_\_ Transfer if applicable: \_\_\_\_\_

Who is traveling in this group?: \_\_\_\_\_  
(First and Last Name, separate with a comma)

### Additional Groups

Travel Type: ☐ Air ☐ Bus ☐ Car ☐ Train Arrival Date & Time \_\_\_\_\_ Departure Date & Time \_\_\_\_\_  
(Check Box)

Arrival Airline: \_\_\_\_\_ Arrival Flight #: \_\_\_\_\_ Airport/Terminal-Resort  
or Arrival Train: \_\_\_\_\_ or Arrival Train #: \_\_\_\_\_ Transfer if applicable: \_\_\_\_\_

Who is traveling in this group?: \_\_\_\_\_  
(First and Last Name, separate with a comma)

Departure Airline: \_\_\_\_\_ Departure Flight #: \_\_\_\_\_ Resort-Airport/Terminal  
or Departure Train: \_\_\_\_\_ or Departure Train#: \_\_\_\_\_ Transfer if applicable: \_\_\_\_\_

Who is traveling in this group?: \_\_\_\_\_  
(First and Last Name, separate with a comma)

# Gift Card Order Form

2026 AmeriCheer/AmeriDance InterNationals

**STEP 6 (Optional):** If you want to make it easier on your attendees you can purchase Universal Gift Cards that can be used in the parks and resorts for food and merchandise. This way younger attendees are not carrying cash.



Organization / School Name: \_\_\_\_\_



Why should we get Gift Cards for our competitors?

Universal Orlando offers a wide variety of dining experiences, from quick-service meals to fine dining, with options available in the theme parks, Universal CityWalk, and resort hotels. Dining options include themed restaurants, international cuisine, and traditional favorites, with many restaurants offering themed decor and immersive dining experiences.

Total Number of Gift Cards:

Total Number of  
Cards Wanted:

x \$25 per Card=

\_\_\_\_\_

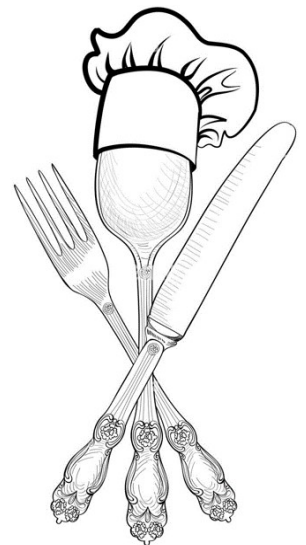
x\$1.00 per Card Processing Fee=

\_\_\_\_\_

TOTAL: \_\_\_\_\_

This will be added to your invoice and be subject to additional processing fee if you pay by credit card.

We recommend that you tell your gift card recipients that the gift cards are good for food at the parks and hotels. Then at the end of their stay let them know they can use the balance on merchandise. This way they do not spend all their food money on Souvenirs.



Universal Orlando Resort gift cards can be used at CityWalk restaurants. However, there may be exceptions, especially at some of the more upscale dining options or specific locations within CityWalk. It's generally recommended to double-check with the individual restaurant or visit the Universal website for the most up-to-date information on which locations accept the gift cards.