

MCD Ultimate Productions Lake Central High St John, Indiana
Hoosier Open REGISTRATION 2018

FEES AND DEADLINES

All dates are postmarked
 Fee is per Athlete and includes:
 Competition fee and medal

**ALL ADDED ATHELETES WILL NEED TO
 PAY THE CURRENT PRICE AT THE DATE
 THEY REGISTER—NO EXCEPTIONS**

<u>Oct 31st-Teams from previous years</u>	<u>\$16</u>
<u>Oct. 31st- All other teams</u>	<u>\$20</u>
<u>November 1st—Feb. 3</u>	<u>\$30</u>
<u>Late registration February 4—Feb. 10</u> *During late registration— <u>Must call first to confirm and then You may send in registration</u> *No registration taken at the door *Registration will be closed February 10	<u>\$45</u>

Crossover—no discount—same as you paid for each athlete
Specialty divisions—\$25 per person for each division—Must register specialty by **FEBRUARY 10th**
Parent Team—Doesn't matter when you register fee \$1 per Parent—Parent team must STILL BUY Spectator Ticket
Exhibition or Showcase Teams- (performs—get score sheets-but does NOT compete) Doesn't matter when you register fee is \$15
JUMP OFF—NEW—MUST register as a Specialty division—can NOT register the day of

***NEW* MAILING ADDRESS**
 MCD Ultimate Productions
 PO BOX 61651
 Fort Myers, Florida 33906

TYPE OF PAYMENTS
Rec./All Star/studio/Individual
 Certified Check or
 Money Order
Private / Public Schools
 School Check
 Money Order
NO PURCHASE ORDERS

PAYMENTS MADE OUT
NEWMCD Ultimate Productions

NO REFUNDS
 ONCE WE RECEIVE YOUR REGISTRATION—**NO EXCEPTIONS**

MEDICAL RELEASE FORM
MUST BE MAILED—
DEADLINE—FEBRUARY 10th
 Not Postmarked must be in our mailbox or emailed—Team will be disqualified & no refund if late

Coaches Code of Ethics
Team & Specialty Roster
 Must be SENT WITH Registration

TSHIRTS—Deadline for Team names on shirt February 10th

Please Print and fill out completely
 REMEMBER!—This Registration Form and payment will NOT be accepted without the TEAM AND SPECIALTY DIVISION Roster AND Coaches Code of Ethics Form—sent with registration—
***** If you register your team-you may send in Specialty / Jump off / Tickets later if you wish*****

SCHOOL OR ORGANIZATION NAME _____

MAILING ADDRESS INCLUDING CITY AND STATE

REC AND ALL STAR—GYM / STUDIO OWNER _____

CONTACT PERSON FOR COMPETITIONS _____

PHONE FOR CONTACT PERSON _____ **IS THIS PERSON A COACH** _____

EMAIL FOR CONTACT PERSON (IMPORTANT!) _____

HEAD COACH _____
LIST EACH COACH

ONLY 3 COACHES PER TEAM—ANY ADDITIONAL COACHES WILL NEED TO BUY A TICKET—ALSO MAKE SURE ALL COACHES ARE LISTED BECAUSE ONLY COACHES LISTED ON REGISTRATION WILL BE LET IN EARLY WITH ATHLETES—

Total # of athletes on All teams (Including crossovers)	_____	X	\$ _____	= _____
Total # of each athlete in a Specialty Division **Write —Division- -& B-day on Specialty Roster	_____	X	\$ 25.00	= _____
# of Adult Tickets	_____	X	\$ 10.00	= _____ at door \$10
# of Child/ Senior Tickets Child = 12 & under Senior= 60 and older 3 yr and under free	_____	X	\$ 8.00	= _____ at door \$8
Coach Request for Copy of Roster, Registration, or Medical Release For Each occurrence	_____	X	\$ 25.00 Administrative Fee	= _____
ANY Changes Roster Divisions/Levels (Feb 1st-March 10th) (No fee before Jan 31) Adding athletes does not apply— # of changes	_____	X	\$ 50.00 Administrative fee	= _____
TOTAL				= _____

Coach POLICY AGREEMENT
 Must be signed before registration is processed

_____ COACHES SIGNATURE
 I have read all MCD Registration Guidelines and Policies (on website) —I agree that I am financially responsible for securing payment for this entire registration (including any add ons) from my school or organization— I also agree to adhere to all rules