

# ACP Team Registration Form

## Event/Competition Information:

ACP Event Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

ACP Event City: \_\_\_\_\_

## Program Information:

Program Name: \_\_\_\_\_

Program Type (circle):    All Star    School    Rec

Main Phone:    (    )

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

All Star Gym Size (circle):    Division I    Division II    N/A

New Program to ACP (circle):    YES    NO

## Primary Contact Details:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Work #: (    )

Cell #: (    )

## Team Details:

Team Name	Age Division	Level/Category	# of Athletes (Female, Male, Crossover, Total on Team)			
			F:	M:	C/O:	Total:
			F:	M:	C/O:	Total:
			F:	M:	C/O:	Total:
			F:	M:	C/O:	Total:
			F:	M:	C/O:	Total:
			F:	M:	C/O:	Total:

## Registration Procedure:

Once your registration form is received, please allow up to 2 business days to process. An invoice will be emailed to the primary contact once your registration is complete.

