

# GEORGIA HIGH SCHOOL ASSOCIATION

## OFFICIAL CONTRACT FOR CHEERLEADING COMPETITIONS

INSTRUCTIONS: This form MUST BE TYPED. Host school completes top part except for competing school name. Host school completes the information in the box at bottom.

This form must be submitted along with the Application for Sanction of Event Form to be placed on the GHSA website and used for schools to enter Sanctioned Cheerleading Events.

Cheerleading competitions hosted by member schools must be held according to the National Federation of State High School Associations Spirit Rules and the GHSA Competitive Cheerleading Rules.

\_\_\_\_\_ High School of \_\_\_\_\_  
(Competing High School) (City)

does hereby enter into a contract with

\_\_\_\_\_ High School of \_\_\_\_\_  
(Hosting High School) (City)

for the cheerleading competition held on \_\_\_\_\_  
(Month / Day / Year)

with a start time of \_\_\_\_\_. Tournament entry fee will be \$ \_\_\_\_\_.

### COMPETING TEAM INFORMATION:

Team Classification: JV  JV Coed  A  AA  AAA  AAAA  AAAAA  Coed

Coach's Name: \_\_\_\_\_

Coach's email: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ School Fax: \_\_\_\_\_

I understand that the participants in this competition must be eligible under the rules and regulations of the latest edition of the Constitution and By-Laws of the Georgia High School Association.

I understand that all fees are due by **August 5**, to the host school.

I understand if a competition is cancelled, I will be notified by the host school by **August 10**, and my entry fee returned.

I understand if I am unable to attend a competition due to an injury, I am allowed to schedule another competition after written notification to GHSA.

### Competing School's Signatures:

Coach's Signature: \_\_\_\_\_

School AD/Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### *Send forms and make checks payable to:*

Host School /Checks Payable to: \_\_\_\_\_

Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: GA Zip: \_\_\_\_\_

Tournament Director: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_