

DELMARVA AMERICAN YOUTH FOOTBALL & CHEERLEADING CONFERENCE (DELMARVA AYF/AYC)

CHEER ONLY ASSOCIATION REGISTRATION FORM



PRINT CLEARLY AND FILL OUT ENTIRE FORM

ASSOCIATION N	NAME:				
TEAM COLORS:					
TE/ IIII GGEGICO					
CITY/COUNTY P	RACTICE B	ASE IN:			
PROPOSED TEA	AM(s) & DIVI	SION(s):			
CHEER	\ /	# of Teams	Competitive	Sidelin	e Only
D8 (Ages 5,6,7,8	3)				
D10 (Ages 7,8,9,					
D12 (Ages 9,10,	11,12)				
D14 (Ages 11,12	2,13,14)				
D18 (Ages 14,15	,16,17,18)				
STEP		# of Teams	DANCE		# of Teams
D8 (Ages 5,6,7,8	3)		D8 (Ages 5,6,7,8)		
D10 (Ages 7,8,9,			D10 (Ages 7,8,9,10)		
D12 (Ages 9,10,			D12 (Ages 9,10,11,12)		
D14 (Ages 11,12,13,14)			D14 (Ages 11,12,13,14)		
D18 (Ages 14,15,16,17,18)			D18 (Ages 14,15,16,17,18)		
Contact					
Name:					
Address					
CITY:		STATE:	COUNTY:		
OIII.		OIAIL.	COUNTY.		
HOME PHONE:		CELL:	W	ORK:	
E-MAIL ADDRES	SS:				
ASSOCIATION V	WEBSITE (if	applicable):			
ARE YOU A NOI	N-PROFIT 50	01(C) 3:?	YES		NO
If yes:					
PRESIDENT:			VICE PRESIDEN	NT:	
SECRETARY:			TREASURER:		
					

ASSOCIATION ACCEPTANCE REQUIRES an Annual Membership Fee & Per Team fee in accordance to Delmarva AYF by-laws. Fourteen (14) calendar days after acceptance into the Delmarva AYF half of annual membership fee will be due to the league. The balance will be due on May 1st of the current calendar year. Per teams fees will be due in accordance to the Delmarva AYF by-laws. Associations joining the league after May 1st will be required to pay the full Annual Membership fee seven (7) calendar days after receiving acceptance from the league.

NOTE: THE BELOW SIGNATURE IDENTIFIES THE ABOVE TEAM or ASSOCIATION AS REQUESTING TO PARTICPATE IN THE DELMARVA AMERICAN YOUTH FOOTBALL AND CHEERLEADING CONFERENCE.

Team Official: Signature: Date:
