

How to register: Mail or email Form along with payment to: Spirit Championships 1900 US Highway 19 Holiday, FL 34691 chris@spiritchampionships.com 727-421-6146

Events	BIDS One Finals	Date	Location	Early Bird Rate	Regular Rate	Late Registratio n
Best of the Bay *Bids to Showcase Awarded	PAID BIDS	10/12/2025	Freedom High School Tampa FL	\$15.00 per participant for entries received by or prior to 8/1/2025	\$20.00 per participant for entries received between 8/1-9/1/2025	\$25.00 per participant for payments received after 9/1/2025
Florida Spirit Bash *Bids to Showcase Awarded	PAID BIDS	11/02/2025	Tampa TBD	\$15.00 per participant for entries received by or prior to 8/5/2025	\$20.00 per participant for entries received between 8/5-9/5/2025	\$25.00 per participant for payments received after 9/5/2025
Spirit Clash *Bids to Showcase Awarded	PAID BIDS	11/16/2025	Florida State Fairgrounds Tampa, FL	\$15.00 per participant for entries received by or prior to 8/1/2025	\$20.00 per participant for entries received between 8/1-9/1/2025	\$25.00 per participant for payments received after 9/1/2025
Showcase of Champions	PAID BIDS	12/07/2025	Florida State Fairgrounds Tampa, FL	\$20.00 per participant for entries received by or prior to 11/1/2025	\$25.00 per participant for entries received between 11/1– 11/15/2025	\$30.00 per participant for payments received after 11/15/2025
Tampa Showdown	PAID BIDS	2/7/2026	Freedom High School Tampa FL	\$30.00 per participant for entries received by or prior to 12/15/25	\$35.00 per participant for entries received between 12/15/25- 2/1/26	\$40.00 per participant for payments received after 2/1/2026
Spring Break Throw Down	PAID BIDS	3/7/2026	Tampa TBD	\$30.00 per participant for entries received by or prior to 1/25/2026	\$35.00 per participant for entries received between 1/25- 2/22/2026	\$40.00 per participant for payments received after 2/22/2026
Spirit Kickoff	PAID BIDS	3/22/2026	Tampa TBD	\$30.00 per participant for entries received by or prior to 1/25/26	\$35.00 per participant for entries received between 1/25- 2/22/2026	\$40.00 per participant for payments received after 2/22/2026
Battle of the Bay Nationals	PAID BIDS	4/4/2026	Florida State Fairgrounds Tampa, FL	\$35.00 per participant for entries received by or prior to 2/28/2026	\$40.00 per participant for entries received between 2/28 - 3/15/26	\$45.00 per participant for payments received after 3/15/26
Season Showcase Finale	PAID BIDS	4/26/2026	Florida State Fairgrounds Tampa, FL	\$35.00 per participant for entries received by or prior to 3/15/26	\$40.00 per participant for entries received between 3/15 – 4/1/26	\$45.00 per participant for payments received after 4/1/26

FALL FAMILY PLAN SPI	ECIAL - For Competitions in <u>2025</u>		
	2 Competitions for \$20 per participant		
	3 Competitions for \$30 per participant		
	4 Competitions for \$40 per participant		
Registration and payment must be received by 8/1/2025 for this rate			
SPRING FAMILY PLAN	SPECIAL - For Competitions in <u>2026</u>		
	Pick 2 Competitions for \$50 per participant		
	Pick 3 Competitions for \$70 per participant		
	Pick 4 competitions for \$100 per participant		
	All 5 for \$120 per participant		
Registration and p	payment must be received by 1/31/2026 for this rate		
	SPECIAL = \$150 per ATHLETE		
Registration and p	payment must be received by 9/1/2025 for this rate		

Check All that Apply	EVENTS	
	Best Of The Bay 10/12/2025	
	Florida Spirit Bash 11/2/2025	
	Spirit Clash 10/16/2025	
	Showcase of Champions 12/7/2025	
	Tampa Showdown 2/7/2026	
	Spring Break Throw Down 3/07/2026	
	Spirit Kickoff 3/22/2026	
	Battle of the Bay Nationals 4/4/2026	
	Season Showcase Finale 4/26/2026	

TEAM INFORMATION:

Authorized Representative	orized RepresentativePhone Number ()		_	
Team Name	Email Address			_
Mail Address	City	St	Zip	_
Number of Teams Competing How	w did you hear about us?			_
WAIVER DISCLAIMER I acknowledge that I have read and understand the Competition Details page on Spirit Championships website. I have collected a liability waiver (signed by their legal parent/guardian) for participants that I am registering to compete at the competition held by Spirit Championships. I have the waiver and each parent represents that their child is in satisfactory health to participate in activities offered by Spirit Championships and that they are aware of the inherent risks associately with such activities which can include paralysis and death. Each parent represents that they have health insurance coverage in effect while they compete at a Sp Championships event. I hereby acknowledge that I am authorized representative of the business/school listed above Date				: ssociated

Payment Information: 1900 US Highway 19, Holiday, FL 34691 Office: 727-421-6146 www.spiritchampionships.com

	Credit Card Payment
Total Participants \$ x part. \$	Name
	Address
Stunt Groups \$ 100 x team. \$	Zip Code
Solos/Duos/Trios per athlete \$40 x part. \$	CC Number
Parent Team \$ 20 x part. \$	EXP Date/ CVC
Special Needs team FREE x part. \$	I hereby allow Spirit Championships to charge the Stated
	amount to the Credit Card Provided
TOTAL DUE \$	Signature:
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