

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
Best of the Bay *Bids to Showcase Awarded	PAID BIDS	10/13/2024	Freedom High School Tampa FL	\$15.00 per participant for entries received by or prior to 8/1/2024	\$20.00 per participant for entries received between 8/1-9/1/2024	\$25.00 per participant for payments received after 9/1/2024
Spirit Clash *Bids to Showcase Awarded	PAID BIDS	10/20/2024	Polk State College, Winter Haven FL	\$15.00 per participant for entries received by or prior to 8/1/2024	\$20.00 per participant for entries received between 8/1-9/1/2024	\$25.00 per participant for payments received after 9/1/2024
Florida Spirit Bash *Bids to Showcase Awarded	PAID BIDS	11/3/2024	Bishop McLaughlin High School Spring Hill, FL	\$15.00 per participant for entries received by or prior to 8/5/2024	\$20.00 per participant for entries received between 8/5-9/5/2024	\$25.00 per participant for payments received after 9/5/2024
Showcase of Champions	PAID BIDS	12/8/2024	Florida State Fairgrounds Tampa, FL	\$20.00 per participant for entries received by or prior to 11/1/2024	\$25.00 per participant for entries received between 11/1– 11/15/2024	\$30.00 per participant for payments received after 11/15/2024
Spirit Kickoff	PARTIAL PAID BIDS	1/25/25	Bishop McLaughlin High School Spring Hill, FL	\$30.00 per participant for entries received by or prior to 12/1/2024	\$35.00 per participant for entries received between 12/1/24- 1/1/25	\$40.00 per participant for payments received after 1/1/2025
Tampa Showdown	PAID BIDS	2/8/2025	Freedom High School Tampa FL	\$30.00 per participant for entries received by or prior to 12/15/24	\$35.00 per participant for entries received between 12/15/24- 2/1/25	\$40.00 per participant for payments received after 2/1/2025
Spring Break Throw Down	PARTIAL PAID BIDS	3/8/2025	Polk State College, Winter Haven FL	\$30.00 per participant for entries received by or prior to 1/25/2025	\$35.00 per participant for entries received between 1/25- 2/22/2025	\$40.00 per participant for payments received after 2/22/2025
Battle of the Bay Nationals	PAID BIDS	4/5/2025	Florida State Fairgrounds Tampa, FL	\$35.00 per participant for entries received by or prior to 2/28/2025	\$40.00 per participant for entries received between 2/28 - 3/15/25	\$45.00 per participant for payments received after 3/15/25
Season Showcase Finale	PAID BIDS	4/27/2025	Florida State Fairgrounds Tampa, FL	\$35.00 per participant for entries received by or prior to 3/15/25	\$40.00 per participant for entries received between 3/15 – 4/1/25	\$45.00 per participant for payments received after 4/1/25

FALL FAMILY PLAN SPECIAL - For Competitions in 2024

3 Competitions for \$40 per participant (Best of the Bay, Florida Spirit Bash, Spirit Clash)

Registration and payment must be received by 8/1/2024 for this rate

SPRING FAMILY PLAN SPECIAL - For Competitions in 2025

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 payment must be received by 1/31/2025 for this rate

ALL 9 COMPETITION SPECIAL = \$150 per ATHLETE

Registration and payment must be received by 9/1/2024 for this rate

Check All that Apply	EVENTS	
	Best Of The Bay 10/13/2024	
	Spirit Clash 10/20/2024	
	Florida Spirit Bash 11/3/2024	
	Showcase of Champions 12/8/2024	
	Spirit Kickoff 1/25/25	
	Tampa Showdown 2/8/2025	
	Spring Break Throw Down 3/08/2025 Battle of the Bay Nationals 4/5/2025	
	Season Showcase Finale 4/27/20245	

TEAM INFORMATION:

Authorized Representative		_Phone Numbe	er ()			
Team Name	Email Address			_		
Mail Address	City	St	Zip	_		
Number of Teams Competing He	ow 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 associated 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 Spirit Championships event. I hereby acknowledge that I am authorized representative of the business/school listed above . Date						

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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