



Host Organization Application / Fundraiser Program
Spiritfest Competition

Contact's Information:

Contact Name:
Contact Address:
City:
State: Zip:
Day Phone:
Evening Phone:
Fax #:
E-mail:

Organization's Information:

Name of Organization:
Organization Mailing Address:
City:
State: Zip:
Day Phone:
Evening Phone:
Fax #:
E-mail:

Facility/Location where you wish to hold your event:

Facility Name:
Facility Contact Name:
Address:
City: State: Zip:
Facility / Contact Phone Number:
Seating Capacity of Gym / Performance Area:
Relationship with facility (i.e. coach or advisor at location, etc.):

★ What month(s) would be best to host your event? (Please consider other events in your area)

1st Choice: Month 20
2nd Choice: Month 20
3rd Choice: Month 20

★ For the Fall and/or Winter Season, your county/state cheerleading competition occurs...?

★ Approx. # of All-Star teams in your area? School/Rec teams?

★ Do you have access to competition supplies? (Please circle all that apply - 54' x 42' Spring Floor, 54' x 42' (9 strips plus Velcro) mats, sound system, spotters, EMT/Trainer. Any additional supplies?)

Where did you hear about Spirit Unlimited?

- www.spiritunlimited.com
American Cheerleader Magazine
www.about.com
Internet search engine
From a friend, another coach, organization or county meeting
Specify
Other

Return completed application to Spirit Unlimited via fax to 410-590-4969 or mailing to:
Spirit Unlimited - 520 McCormick Drive, Suite E, Glen Burnie, MD 21061