



EXPRESS CHEER

Impact Elite Cheer Abilities





Cheer Abilities Program - Shining Stars

o 202 – April 202

Express Cheer's goal is to provide these exceptional athletes with the true experience of all-star cheerleading, from working in a team atmosphere to the thrill of performing in front of a large crowd.

We are incredibly proud of the growth and success of our program over the past several years and look forward to continuing to expand our Cheer Abilities program.

Shining Stars:

1 Team Practice/ Week

6 Performances

Required To Participate:

CheerAbilities Enrollment Forms

Monthly Tuition: \$25/month

Spirit Fund: \$150

(Spirit Fund includes Practice Wear, Team Bonding and Nationals Gift)



Practices will begin Saturday September 12th, 2026.

Practices:

Saturdays 10-11am (September - December)

Fridays 5:30-6:30pm (January - March)



2026-2027 Important Dates

Please Check ALL CLOSING Dates Carefully

Important Events and Closing Dates:

September 6th – 7th – Closed for Labor Day
September 12th – Fall Practices Start
October 11th & 12th – Closed for Fall Break
November 22nd- 27th – Closed for Thanksgiving Break
December 20th- January 3rd – Closed for Winter Break
March 14th – 20th – Closed for Spring Break
March 28th – Closed for Easter

Competition Dates:

November 15th – NTGU Fall - Denton, TX
January 17th – Justice League- Garland, TX
February 13 & 14th - NTGU Mega Nationals
February 27th & 28th – Gold Rush – Frisco, TX
April 3rd or 4th - March Madness- Garland, TX
April 10th - Regional Summit - Frisco, TX

**Please remember that these dates are tentative.
Practices and Events can be added, deleted, or substituted without notice.**



Cheer Abilities Enrollment Information

Athlete's Name: _____

Athlete's Date of Birth: _____

Parent's Email: _____

Parent's Phone Number: _____

Grade: _____

School: _____

Do You cheer for your School? Yes No

If yes, Which Squad _____

Please List any Medical Conditions/Needs/ Requirement:



Authorization Agreement for Collections

_____ (Name) hereby authorize Express Cheer to automatically bill my credit card/bank account my athlete's monthly tuition and any and all fees associated with his/her classes/squad. All requested information is required. Each month, your credit card /bank account will be billed for the amount indicated and your charges will appear on your statement. Any athlete/parent who wishes to change or cease payments entirely from the automatic payment system **must notify Express Cheer in writing no less than 2 weeks prior to the automatic debit date.** It is the cardholder's responsibility to maintain the correct information. We acknowledge that the origination of transactions to our account must comply with the provisions of the U.S. law. **Please note that you are required to put both forms of payment on file.** You may check the type of payment you would like us to first process. Express reserves the right to process the second form of payment if your primary payment is declined.

Monthly Tuition is due on or before the 20th prior to each month.

A late fee of \$25 will be assessed for payments received after the 1st of each month unless prior arrangements have been made.

Customer Information:

Name: _____

Athlete's Name: _____

Credit Card Information _____ Please use this as my primary payment.

Account Number: _____ Exp. Date: _____ Security Code: _____

Billing Address associated with credit card:

Town: _____ St: _____ Zip: _____

Bank Account Information _____ Please use this as my primary payment.

Name on Account _____

Name of the Banking Institution _____

Routing Number _____

Account Number _____

I authorize, Express Cheer to automatically charge my credit card/bank account on file in the amount due, each month. I understand that my payment is to be withdrawn on the 20th of each month prior.

Signature _____ Date: _____

All returned payments, declined credit cards, and/or expires cards will result in a \$35 non-sufficient funds fee.

TEAM REPRESENTATIVE FORM

List All phone contacts where you can be reached ANY TIME!

NAME OF ATHLETE

DOB

AGE

NAME OF PARENT OR LEGAL GUARDIAN

GUARDIAN #1 CELL PHONE

GUARDIAN #1 E-MAIL

GUARDIAN #2 CELL PHONE

GUARDIAN #2 E-MAIL

ATHLETE'S CELL PHONE

ATHLETE'S E-MAIL

ATHLETE'S ADDRESS

EMERGENCY CONTACT NAME & PHONE

ATHLETE'S JACKET SIZE

ATHLETE'S SWEATSHIRT SIZE

ATHLETE'S ALLERGIES, MEDICAL CONDITIONS, DISABILITIES

DOES YOUR ATHLETE HAVE SIBLINGS OR FAMILY WHO CHEERS AT EXPRESS?
PLEASE WRITE THEIR NAMES.