



# Association Registration

Thank you for your interest in the Shake It Up, Inc. Association. In order to process your membership, the following must be included;

- A completed Association Registration form
- A current team roster for the upcoming school year. Roster should include the name and grade levels of each team member as well as email addresses for your team members or captains. *Email addresses are voluntary. If your team would prefer to have all Shake It Up, Inc. updates on special events, tips, competitions and general news only sent to the coach or captains, that is fine. Keep in mind that all "business related" communication (payment issues, association logistics, clinic/camp planning) will only be sent to the coach.*
- Payment in the form of a check or money order in the amount of \$150.00, made payable to Shake It Up, Inc. Payment can be mailed to- P.O. Box 241547 Cleveland, OH 44124.
- Payment in the form of credit cards can be made by entering your payment information below.

If you have any questions about our Association or need help filling out the Association registration form, don't hesitate to contact us. We can be reached @ 216- 201-9033 / 888-856-1006 or via email @ [association@shakeitupinc.com](mailto:association@shakeitupinc.com).

## Contact Information

School / Organization Name	
Team/Group Name( <i>if different than school/organization name</i> )	
School / Organization Address	
School / Organization County	
Coach/ Advisor Name	
Coach/ Advisor Address	
Coach/ Advisor Primary Phone# <i>(please indicate cell, home or work)</i>	
Coach/ Advisor Alternate Phone# <i>(please indicate cell, home or work)</i>	
Coach/ Advisor Fax #	
Coach/ Advisor email address	
<i>Please indicate which phone number/address your team would like Shake It Up, Inc. to use to contact you about your Association membership</i>	<input type="checkbox"/> Coach/Advisor <input type="checkbox"/> School/Organization

## Association Payment

Payments made via a check or money order can be made payable to Shake It Up, Inc.

All Association registration forms can be mailed to:

Shake It Up, Inc.  
P.O. Box 241547  
Cleveland, OH 44124

Please indicate the payment type;

Check or money order enclosed in the amount of \$ \_\_\_\_\_

Credit Card Payment in the amount of \$ \_\_\_\_\_

Card Type:  Visa  Master Card  American Express  Discover

Card Number: \_\_\_\_\_

CVN (3 digit number located on the back of card): \_\_\_\_\_

Exp. Date (mm/yy): \_\_\_\_\_

Address of Cardholder (if different than contact person):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, (Please print) \_\_\_\_\_ authorize Shake It Up, Inc. to charge my credit card in the amount of \$\_\_\_\_\_.