

# STEP SHOW REGISTRATION FORM

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Chapter's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Chapter Advisor's Name: \_\_\_\_\_ Chapter Advisor's Phone Number: \_\_\_\_\_

Chapter President's Name: \_\_\_\_\_ Chapter President's Phone Number: \_\_\_\_\_

Primary Point of Contact: \_\_\_\_\_ POC's Phone Number: \_\_\_\_\_

Primary Point of Contact email: \_\_\_\_\_

Number of Participants to include extras: \_\_\_\_\_

List names of all participants to include your team members, sound coordinator to start and stop music, and/or coordinator/Coach:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit completed registration forms to [GeorgiaSigmas@gmail.com](mailto:GeorgiaSigmas@gmail.com).

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**2025 GEORGIA STATE CONFERENCE  
STEP SHOW REGISTRATION FORM  
MACON, GEORGIA**