



4907 South Alston Ave.
 Durham, NC 27713
 877-997-9599 fax 919-484-1785
 www.allstarchallenge.com ✪ allstarchallenge@aol.com



Current Data

New Data

General Information

*Program Name: _____
 Program Address: _____

 Program Phone: _____
 Program Fax: _____

*Contact Name: _____
 Contact Address: _____

 Contact Home Phone: _____
 Contact Fax: _____
 Contact Work Phone: _____
 Contact Cell Phone: _____
 Email: _____

Competition Specific Changes

*Team / Individual Name: _____
 Division: _____
 # of Participants: _____
 # of Females: _____
 # of Males: _____
 # of Coaches: _____

Payment Information *Please include new credit card payment form which can be found at www.allstarchallenge.com

Total people on competition package: _____
 Total people on coach package: _____

Instructions:

All fields marked with * are REQUIRED fields. Fill in "Current Data" for all required fields and for fields to which changes need to be made. Next, fill in "New Data" fields with appropriate changes. For changes to payment information, be sure to include a new credit card payment form which can be found at www.allstarchallenge.com. It is your responsibility to ensure that your changes are received by the All Star Challenge office. Send this form via fax or mail to:

Spirit Xpress/AllStar Challenge
 4907 South Alston, Ave.
 Durham, NC 27713

OR

Fax: 919-484-1785

I agree that the above information is accurate and reflects any changes I wish to make. _____
 (sign / date)