

REQUIRED * REQUIRED * REQUIRED * REQUIRED * REQUIRED * REQUIRED * REQUIRED

AMERICAN CHEER POWER

Athlete Crossover Form

PROGRAM NAME: _____ EVENT ATTENDING: _____

Use This Form To Detail Your Crossovers: INCLUDE TEAM NAME, AGE DIVISION & LEVEL		
From Team	To Team	Number of Crossovers
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
Total Number of Crossovers		

Attention Coaches:

This form must be submitted into our office 2 weeks prior to the event to be eligible for the athlete CROSSOVER DISCOUNT.

*ALL STAR PROGRAMS ONLY