

CHEER TEAM ROSTER- Must Be In Office 3 Weeks Prior to Competition

1 Form per team, mark all crossovers with an X & team # that Corresponds with the Registration Form.

PLEASE PRINT

Competition (Location & Date): _____

Gym/School Name: _____

| | | | |
|----------------------------|----------------------------|---|---|
| EXAMPLE: Team Name: | TREASURE PLANET YOUTH BLUE | Team # that Corresponds with Registration Form: | 1 |
|----------------------------|----------------------------|---|---|

Team Name: _____

Team # that Corresponds with Registration Form: _____

Name & Day Contact Number(cell): _____

Age Division: _____

Ability Level: _____

| | Name | Crossovers Mark with an "X" | Team # that Corresponds with Registration Form | 3rd Family Member Discount | Gender | Age As Of August 31, 2009 | Grade (Sch) |
|----|----------------|-----------------------------|--|----------------------------|--------|---------------------------|-------------|
| 1 | Sunshine Jones | X | 2,3 | | F | 10 | |
| 2 | Izabella Smith | X | 3,4 | | F | 11 | |
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