

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

1 Form per team, mark all crossovers with an X

PLEASE PRINT

Competition (Location & Date): _____

Gym/School Name: _____

Team Name: _____

Name & Day Contact Number(cell): _____

Age Division: _____ Ability Level: _____

	Name	Crossovers Mark with an "X"	3rd Family Member Discount	Gender	Age As Of August 31, 2010	Grade(Sch)
1	Sunshine Jones	X		F	10	
2	Izabella Smith	X		F	11	
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