Cheerleading Program Name:		Event:						
Head Coach Contact Info: Name								
Phone:	Email							
Classification: Affiliated Non-	-Affiliated							
	AFFILIATED TEAMS	ONLY						
Governing Organization Name								
Our program cheers for		from		until	/	/		
Team agrees to adhere to all end appropriate general safety rows.  We have a valid USA Cheer Your initials above states that your org	ules and level rules mu	st be follow	wed. alid through	the 23-24 s	eason.			
Coach Name (First & Last	t)	Co	ach Name (I	First & Last)				
If you meet ALL of the requirements lis seated authority sign below.	sted above, you must h	ave your F	Rec Organiza	ation Presid	ent or l	higher		
Print Name	Position							
Signature	 Date							

Team Name: _	
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Age Group: 6U 8U 10U 12U 14U 8-14 10-18

Level: 1 2 2.1 3 3.1 4 4.2 OPEN

## ATHLETE ROSTER INFORMATION:

	Name (First & Last)	Gender	DOB		Name (First & Last)	Gender	DOB
1		F or M		19		F or M	
2		F or M		20		F or M	
3		F or M		21		F or M	
4		F or M		22		F or M	
5		F or M		23		F or M	
6		F or M		24		F or M	
7		F or M		25		F or M	
8		F or M		26		F or M	
9		F or M		27		F or M	
10		F or M		28		F or M	
11		F or M		29		F or M	
12		F or M		30		F or M	
13		F or M		31		F or M	
14		F or M		32		F or M	
15		F or M		33		F or M	
16		F or M		34		F or M	
17		F or M		35		F or M	
18		F or M		36		F or M	

## **ALTERNATE ROSTER INFORMATION:**

	Name (First & Last)	Gender	DOB		Name (First & Last)	Gender	DOB
1		F or M		5		F or M	
2		F or M		6		F or M	
3		F or M		7		F or M	
4		F or M		8		F or M	

Team must submit a roster with birthdates and be able to provide athlete's birth certificates if questioned, prior to, during, or after a competition. Team members, including alternates, must be born during the year, or partial year listed to be eligible for that division.