SCHOOL DANCE TEAM ROSTER

Please list EACH Coach accompanying your team during the competition. USA Coach / Professional Membership includes anyone; including choreographers that will accompany the team through warm-up and competition. This information must be completed and submitted at the time of registration. (Please PRINT or TYPE - make additional copies as needed.)

Coaches, Choreographers, Professional members will need to present a photo ID and their USA Cheer Membership card (mobile phone photo or printed) to receive your USA Cheer wristband at registration/check-in.

Event Name: _____

Team Name: _____

	COACH / PROFESSIONAL MEMBER NAME	USA MEMBERSHIP TYPE	USA MEMBERSHIP ID NUMBER
EX.	SUSIE HERKIMER	COACH	45678
1			
2			
3			
4			
5			

Please list EACH participant competing with your organization, as well as their respective performance categories. This information must be completed and submitted at the time of registration. (Please PRINT or TYPE - make additional copies as needed.)

	PARTICIPANT NAME	AGE	GRADE	POM	JAZZ	HIP HOP	KICK	GAME DAY	TEAM PERF	TOTAL ROUTINES PER PARTICIPANT
EX.	SUSIE HERKIMER	16	10	X	X		X			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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	PARTICIPANT NAME	AGE	GRADE		POM	JAZZ	HIP HOP	KICK	GAME DAY	TEAM PERF		TOTAL ROUTINES PER PARTICIPANT
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												

Please list EACH ALTERNATE participants competing with your organization. (Please PRINT or TYPE - make additional copies as needed.)

	PARTICIPANT NAME	AGE	GRADE		POM	JAZZ	HIP HOP	KICK	GAME DAY	TEAM PERF		TOTAL ROUTINES PER PARTICIPANT
EX.	SUSIE HERKIMER	16	10		X	X		X				
1												
2												
3												
4												
5												

Must be signed by School Principal or School District Office:

Signature _____ Date _____

Title _____ Email _____