

# FUN CHEER Team Roster Form – fax to: 413-778-6600



Event Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Coach 1:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Coach 2:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Participant Name (please print clearly)	Date of Birth	Age	Crossover Y or N	Crossover Team
Jane Doe	1/1/19XX	8		
1				
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Participant Name (please print clearly)	Date of Birth	Age	Crossover Y or N	Crossover Team
Jane Doe	1/1/19XX	8		
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I affirm that all information provided on this form is accurate and all participants on this roster have been added to the appropriate Fun Cheer Division. I understand should the information on this form be falsely represented, in anyway, that my team will be disqualified.

\_\_\_\_\_  
Coach or Gym Owner Signature

\_\_\_\_\_  
Date

Please include 1 roster form per team.