



TRYOUT APPLICATION

09/10

CONTACT INFORMATION Please Print

Applicant Name:

Phone:

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Address:

City, State

Zip:

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Age as of
8/31/09

Date of Birth

Grade:

School Attending:

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Parent/Guardian Name:

Home Phone:

	()
--	--------

Address:

City, State

Zip:

--	--	--

Email Address

Cell Phone:

	()
--	--------

Parent/Guardian Name: IF DIFFERENT FROM ABOVE

Home Phone:

	()
--	--------

Address:

City, State

Zip:

--	--	--

Email Address

Cell Phone:

	()
--	--------

Emergency Contact: OTHER THAN YOURSELF

Home Phone:

	()
--	--------

Address:

City, State

Zip:

--	--	--

Work Phone:

Cell Phone:

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TRYOUT APPLICATION

09/10

BACKGROUND/EXPERIENCE

Applicant Name: _____

Age: _____

Grade: _____

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Experience: *Please list previous cheer/dance experience.*

Recreation League: _____

Jr. High/Middle School: _____

High School: _____

Dance Studio: _____

All Star/Competitive Cheer: _____

I am a: *Please circle all that apply*

Base

Flyer

Backspot

Not sure

Tumbling Ability: *Please circle all that apply*

Forward Roll

Cartwheel

Round Off

Back Walkover

Front Walkover

Back Handspring
(standing)

Roundoff
Back Handspring

Roundoff
Back Handspring
(multiple)

Back Tuck
(standing)

Roundoff
Back Tuck

Punch front

Ariel

Layout

Half

Full

Double Full

COMMENTS: _____
