



Crossover Form

Team/Gym/School/Program Name _____

Contact Name _____

Phone _____ Email _____

SAMPLE

Crossover From Junior Cheer Level* 1 2 3 4.2 (4) 5R 5 6 TO Senior Cheer Level* 1 2 3 4.2 4 5R (5) 6
Division

Competitor Name Savanna Smith (*All Star Teams only)

PLEASE NOTE: Cheer Ltd makes every effort to give as much time as possible for crossovers between performances but CANNOT guarantee that a performance and a scheduled practice time will not overlap.

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

Crossover From _____ Level* 1 2 3 4.2 4 5R 5 6 TO _____ Level* 1 2 3 4.2 4 5R 5 6
Division

Competitor Name _____

For submitting multiple Crossover Forms - PAGE ____ of ____