



2008-2009 TEAM ROSTER

Name of Event: _____

Location of Event: _____ Date of Event: _____

Organization/School/Team Name: _____

Organization/School/Team Address: _____

Coach(es): _____

**Division: _____

*Please copy this form and use one for each team and division (**team divisions, individuals/solos, duos, trios, stunt groups). List all cheerleaders/dancers competing in the division above at the Cheer Ltd. event. Indicate any cheerleader/dancer competing in two or more divisions and the other divisions they are performing in. Type or print clearly.*

#	Multiple Teams	Other Division(s)	2008-09 Grade	Age as of 5/31/08	First/Last Name <small>Please Type/Print Legibly</small>
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
15.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
17.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
19.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
20.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
22.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
23.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
24.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
25.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
26.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
27.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
28.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
29.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
31.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
32.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
33.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
34.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
35.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
36.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

Do not mail or fax this form to Cheer Ltd. It should be submitted to Cheer Ltd on-site event staff at registration on the day of the event.

Confirmed: _____
Signature, Coach

Confirmed: _____
Signature, Onsite Cheer Ltd Staff