



# Official Roster Sheet

2007 Cheer Ltd. Camp / Clinic

NAME OF SCHOOL/TEAM: \_\_\_\_\_

COACH/DIRECTOR: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ CAMP/CLINIC DATE(S): \_\_\_\_\_

Cheer Ltd. is required to keep on file official registration sign-in forms on all summer camps & clinics listing participant/address/age. Please type or print clearly and provide all information requested. Your own computer printed version of the roster is acceptable if it contains the information listed below. Please complete a separate form for each team. **Return roster(s) to the Cheer Ltd. Staff at your pre-camp meeting. This list will be used when checking your waivers.**

#	Grade 2007-08	Last/First Name	ADDRESS/CITY/STATE/ZIP
1.			
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#	Grade 2007-08	Last/First Name	ADDRESS/CITY/STATE/ZIP
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35.			

**CONFIRMED:** \_\_\_\_\_ (on-site Coach/Director)

**CONFIRMED:** \_\_\_\_\_ (Cheer Ltd. Staff)

**Cheer Ltd., Inc.**  
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