



TEAM ROSTER

TEAM NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
CHEERLEADING/DANCE COACH: _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: (DAY) _____ (NIGHT) _____
CELL PHONE: _____
E-MAIL ADDRESS: _____
ADDITIONAL EMERGENCY CONTACT: _____
PHONE NUMBER: _____

NAMES OF CHEERLEADERS/DANCERS:

1. _____	16. _____
2. _____	17. _____
3. _____	18. _____
4. _____	19. _____
5. _____	20. _____
6. _____	21. _____
7. _____	22. _____
8. _____	23. _____
9. _____	24. _____
10. _____	25. _____
11. _____	26. _____
12. _____	27. _____
13. _____	28. _____
14. _____	29. _____
15. _____	30. _____