



**BLUEGRASS
STATE GAMES**

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. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____