CHEER USA CHAMPIONSHIP, LLC

SCHOOL TEAM ELIGIBILITY ROSTER "18-19"

Complete information below ⇓ Please list School/Gym Name the way YOU prefer it to be announced and appear on the schedule.

Team / Gym Name:	Event Attending:
Age Division / Level:	Coach/Gym Owner Name:
Email Address:	Cell Phone:

(Print Clearly), the name, as you want it to appear on performance schedule – Age as of Aug. 31. **PUT AN** "X" **NEXT TO THE** 3RD FAMILY MEMBER

PARTICIPANT'S NAME	Hoodie or Jacket Size	M/F	AGE	X	PARTICIPANT'S NAME (CONT.)	Hoodie or Jacket Size	M/F	AGE	X
Ex. TAYLOR SMITH	**YS**	**F**	**6**	**X**	**Ex. JOHN SMITH**	**AM**	**M**	**15**	**X**
1					21				
2					22				
3					23				
4					24				
5					25				
6					26				
7					27				
8					28				
9					29				
10					30				
11					31				
12					32				
13					33				
14					34				
15					35				

Please Note the follow:

- Remember, all accounts **MUST have a "ZERO" balance** before jackets are distributed.
- Participant's gifts will vary this year, events that have participants t-shirts as a gift will have limited youth sizes.
- Once Jackets have been ordered sizes cannot be exchanged for a larger or smaller sizes.
- Please list the crossover members on the Official Cheer USA Crossover Form. Place an "X" next to the crossover.
- If the Roster is not in office **3-4 weeks prior to the event, jacket sizes are not guaranteed.**
- A Team Eligibility Form is needed for each participating team. If there is a change from the list please update us with a new Roster.
- **Email: Roster (s) to: cheerusachampionships@gmail.com**

I certify that the above list of participants are current active members of my school/gym and meet the eligibility requirements of the specified division of the team participating. **THIS FORM MUST BE SIGNED BY GYM OWNER or HEAD COACH & NOTARIZED and SIGNED BY SCHOOL OFFICIAL.**

X_____ Date: _____

Gym Owner or Head Coach Signature Required

State of_____

County of _____

I certify that the information provided on the document is true, exact and correct to my knowledge. I also certify that the listed Coaches are responsible for the Athletes listed above.

_____

Printed Name of Notary Public

_____

Signature of Notary Public

_____

Commission Expiration Date of Notary Public

(Seal)